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HIPAA Eligibility Transaction System (HETS)
Health Care Eligibility Benefit Inquiry and Response (270/271)
5010 Companion Guide

FINAL

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Disclosure Statement

The Centers for Medicare & Medicaid Services (CMS) is committed to maintaining the integrity and security of health care data in accordance with applicable laws and regulations. Disclosure of Medicare Beneficiary eligibility data is restricted under the provisions of the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Provider Medicare Beneficiary eligibility transaction is to be used for conducting Medicare business only.

The 271 response returned by the HETS 270/271 application should not be interpreted as a guarantee of payment. Payment of benefits remains subject to all health benefit plan terms, limits, conditions, exclusions and the member's eligibility at the time services are rendered.

Preface

This Companion Guide to the ASC X12N/005010X279A1 Health Care Eligibility Benefit Inquiry and Response and the ASC X12C/005010X231A1 Implementation Acknowledgement for Health Care Insurance (999) Technical Report Type 3 (TR3), adopted under HIPAA, clarifies and specifies the data content when exchanging Medicare Beneficiary eligibility data electronically with CMS utilizing the HIPAA Eligibility Transaction System (HETS) 270/271 application. Transmissions based on this Companion Guide, used in tandem with the previously referenced TR3s, are compliant with both X12 syntax and the TR3.

This Companion Guide is intended to convey information that is within the framework of the TR3s adopted for use under HIPAA. This Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

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1 Introduction

1.1 Scope

This document defines the Medicare eligibility request sent from Medicare-authorized Trading Partners and the corresponding response from the Medicare Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS) 270/271 application. To implement the HIPAA administrative simplification provisions, the 270/271 transaction set has been named under 45 CFR 162 as the Electronic Data Interchange (EDI) standard for Health Care Eligibility Benefit Inquiry/Response.

The HETS 270/271 application supports the ASC X12 270/271 version 005010X279A1 and the ASC X12 999 version 005010X231A1 TR3s that can be found at the following web site: http://store.x12.org/store/. The 270 request and the 271 response are "paired" transactions. The 270 is an inbound eligibility request; whereas, the 271 is an outbound eligibility response.

This companion guide has two purposes. The first purpose is to educate the user on how to access the HETS 270/271 application. The second purpose is to educate the user on how to send eligibility requests and interpret responses, using the 270/271 formats, as they relate to the applicable Medicare required business rules and information.

1.2 Application Overview

The HETS 270/271 application provides access to Medicare Beneficiary eligibility data in a real-time environment. Providers, Clearinghouses, and/or Third Party Vendors, herein referred to as “Trading Partners”, may initiate a real-time 270 eligibility request to query coverage information from Medicare on patients for whom services are scheduled or have already been delivered. In real-time mode, the Trading Partner transmits a 270 request and remains connected while the receiver processes the transaction and returns a 271 response.

The HETS 270/271 application is located at a secure CMS data center. To transmit data with CMS, Trading Partners may connect to the HETS 270/271 application via the CMS Extranet, which is a secure closed private network, or via the internet using a digital certificate. Trading Partners must not send User IDs and passwords within the 270 eligibility transaction.

For a real-time 270 request, the HETS 270/271 application translates the incoming 270 request, performs validations, requests Medicare Beneficiary eligibility data from the CMS eligibility database, and creates an Eligibility Response (271), a Functional Acknowledgement (999), an Interchange Acknowledgement (TA1), or a proprietary error response.

The information included in the 271 response is not intended to provide a complete representation of all benefits, but rather to address the status of eligibility (active or

inactive) and patient financial responsibility for Medicare Part A and Part B. Additionally, the 271 response returned by the HETS 270/271 application should not be interpreted as a guarantee of payment.

The data included in a 271 response file is to be considered true and accurate only at the particular time of the transaction. Questions regarding eligibility/benefit data for Medicare Part A and Part B should be directed to the appropriate regional Medicare Administrative Contractor (MAC). Eligibility/benefit questions about Medicare Advantage (MA), Part D and Medicare Secondary Payer (MSP) should be directed to the appropriate plan(s) identified in the 271 response.

1.3 References

- The ASC X12 TR3s that detail the full requirements for these transactions can be purchased from the publisher, Washington Publishing Company (WPC) at their website http://store.x12.org/store/.
- The HETS Trading Partner Agreement Form (TPA) to request access to the HETS 270/271 application is available for download from the CMS HETSHelp website. Use the following link to display the "How to Get Connected – HETS 270/271" page and to access the TPA: http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/HowtoGetConnectedHETS270271.html.

1.4 Additional Information

CMS is committed to maintaining the integrity and security of health care data in accordance with applicable laws and regulations. Disclosure of Medicare Beneficiary eligibility data is restricted under the provisions of the Privacy Act of 1974 and HIPAA.

CMS implemented the HETS 270/271 application following a real-time request/response model (single response per request). The data available in this implementation allows a Provider to verify an individual's Medicare eligibility and benefits. Medicare eligibility data is only to be used for the business of Medicare, such as preparing an accurate Medicare claim or determining eligibility for specific services. Providers' authorized staffs are expected to use and disclose protected health information according to the CMS regulations.

CMS monitors Medicare Beneficiary eligibility inquiries. Trading Partners identified as having aberrant behavior (e.g., high inquiry error rate or high ratio of eligibility inquiries to claims submitted, requesting psychiatric data when the NPI is not a Psychiatric provider) may be contacted to verify and/or address improper use of the system or, when appropriate, be referred for investigation.

1.4.1 Authorized Purposes for Requesting Medicare Beneficiary Eligibility Information

In conjunction with the intent to provide health care services to a Medicare Beneficiary, authorized purposes include to:

- Verify eligibility, after screening the patient to determine Medicare eligibility, for Part A and/or Part B coverage
- Determine Medicare Beneficiary payment responsibility with regard to deductible/copayment
- Determine eligibility for other services, such as preventive
- Determine if Medicare is the primary or secondary payer
- Determine if the Medicare Beneficiary is in the original Medicare plan, MA plan or Part D plan
- Determine proper billing

1.4.2 Unauthorized Purposes for Requesting Medicare Beneficiary Eligibility Information

The following are examples of unauthorized purposes for requesting Medicare Beneficiary eligibility information:

- To determine eligibility for Medicare without first screening the patient to determine if they are Medicare eligible
- To acquire the Medicare Beneficiary's Health Insurance Claim Number (HICN)

1.4.3 Note to Medicare Providers/Suppliers:

The Medicare Beneficiary should be the first source of health insurance eligibility information. When scheduling a medical appointment for a Medicare Beneficiary, remind them to bring, on the day of their appointment, all health insurance cards showing their health insurance coverage. This will not only help you determine who to bill for services rendered, but also give you the proper spelling of the Medicare Beneficiary’s first and last name and identify their HICN as reflected on the Medicare Health Insurance card. If the Medicare Beneficiary has Medicare coverage but does not have a Medicare Health Insurance card, encourage them to contact the Social Security Administration at 1-800-772-1213 to obtain a replacement Medicare Health Insurance card. Those beneficiaries receiving benefits from the Railroad Retirement Board (RRB) can call 1-800-833-4455 to request a replacement Medicare Health Insurance card from RRB.

It is assumed that the reader of this document is familiar with the ASC X12 270/271 version 005010X279A1 TR3 and the transaction format and content rules contained within it. This Companion Guide is intended to be a complement to the ASC X12 270/271 version 005010X279A1 TR3 and not the sole authoritative source of data.

2 Getting Started

2.1 Working with the CMS Help Desk

The Medicare Customer Assistance Regarding Eligibility (MCARE) Help Desk is available to assist with this process Monday – Friday, from 7:00 AM to 7:00 PM ET.

MCARE is the single point of contact for all questions or concerns about the HETS 270/271 application. A potential Trading Partner must contact MCARE to initiate the registration process.

Please refer to Section 5 of this Companion Guide for MCARE contact information.

2.2 Trading Partner Registration

Entities must apply for and be granted access as an authorized Trading Partner before they will be able to utilize the HETS 270/271 application. Entities must complete an application via the appropriate form located on the CMS HETSHelp website.

Instructions to complete the sign-up process can be found at the following link: http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/HowtoGetConnectedHETS270271.html

2.3 Certification and Testing Overview

Trading Partners are required to submit test transactions to ensure that their systems are X12 compliant. Each Trading Partner may submit up to 50 test transactions during the testing phase. Trading Partners must contact MCARE to coordinate testing procedures.

Please refer to Section 5 of this Companion Guide for MCARE contact information.

3 Testing

CMS requires that all newly registered Trading Partners work with MCARE to complete basic transaction submission testing. Successful transaction submission and receipt of both valid and error responses is an indication to CMS that all systems involved can properly submit and receive transactions. MCARE is available to assist with new Trading Partner testing Monday – Friday, from 9:00 AM to 5:00 PM ET.

Trading Partners must send all test transactions with Usage Indicator (ISA15) = “T” until approved to submit production transactions with a Usage Indicator (ISA15) = “P”. The HETS 270/271 application will return a TA105 = “020” error for an Invalid Test Indicator Value if the incorrect value is included within this field.

Please refer to Section 5 of this Companion Guide for MCARE contact information.

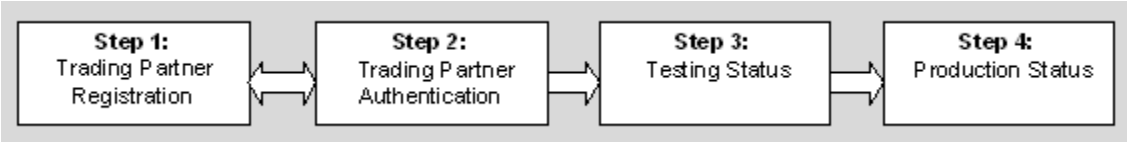
4 Connectivity/Communications

4.1 Process Flows

4.1.1 Trading Partner Registration

To access the HETS 270/271 application, potential Trading Partners need to obtain a Submitter ID through MCARE. Figure 1 illustrates the high level process for successfully registering as a Trading Partner and submitting 270 transactions:

Figure 1 – Process for Submitting 270 Transactions



Step 1: Trading Partner Registration
Complete and submit the HETS Trading Partner Agreement Form. Refer to Section 2.2 of this Companion Guide for the Trading Partner registration process.

Step 2: Trading Partner Authentication
MCARE will verify the information on the Trading Partner Agreement Form and approve or deny any Submitter ID requests.

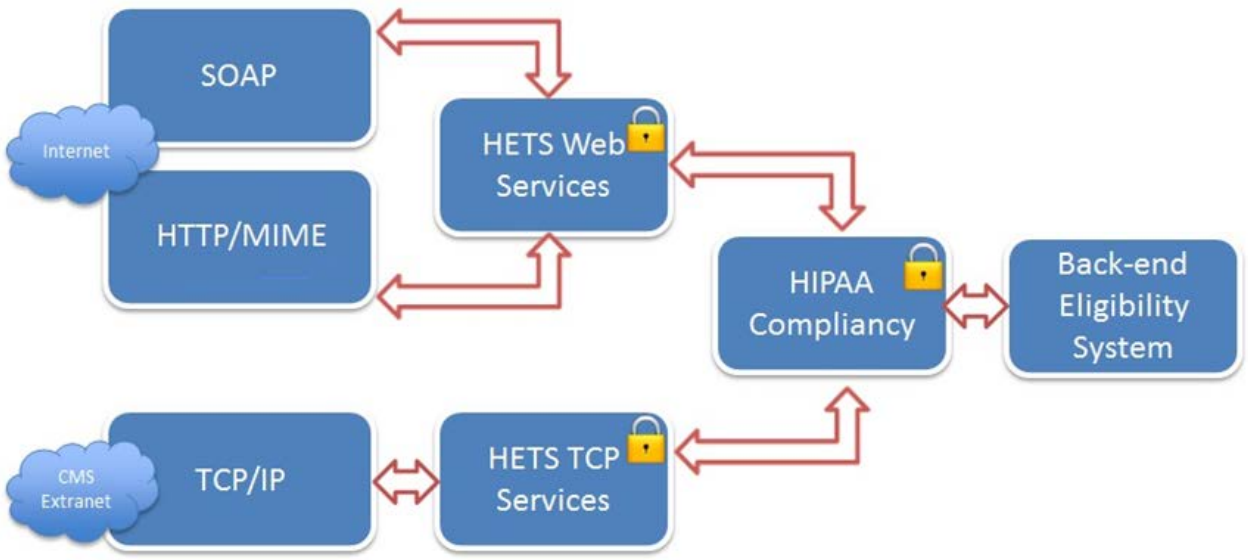
Step 3: Testing Phase
MCARE will have a Trading Partner send up to 50 test transactions and verify that all systems involved can properly submit and receive X12 compliant transactions. The Usage Indicator (ISA15) must be “T”.

Step 4: Production Phase
Once testing is complete, a Trading Partner can begin to submit 270 transactions and receive 271 transactions in the Production environment. The Usage Indicator (ISA15) must be “P”.

4.1.2 Transaction Process

A Trading Partner may submit a 270 request to the HETS 270/271 application using Transmission Control Protocol/Internet Protocol (TCP/IP), Simple Object Access Protocol (SOAP) + Web Services Description Language (WSDL) or Hypertext Transfer Protocol (HTTP)/Multipurpose Internet Mail Extensions (MIME) Multipart communication protocols. The HETS 270/271 application authenticates the Trading Partner and ensures that the Trading Partner is associated with valid National Provider IDs (NPI) in the HETS database. If the Trading Partner is not authorized, or is not associated with valid NPIs, then the appropriate error response is returned. If the Trading Partner is authorized, then the appropriate response is returned. Figure 2 illustrates the high-level process for communicating with the HETS 270/271 application. The lock icons represent system checkpoints that must be passed before eligibility information is returned on the 271 response.

Figure 2 – Transaction Process



4.2 Transmission Administrative Procedures

4.2.1 Schedule, Availability, and Downtime Notification

The HETS 270/271 application is available 24 hours a day, 7 days a week, with the exception of 12:00 AM – 5:00 AM ET on Mondays when system maintenance is performed. MCARE will notify the Trading Partners of any additional planned downtime. All current and archived downtime notifications are available via the CMS HETSHelp website: http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/index.html.

Any unplanned downtime with the HETS 270/271 application will also be communicated to the Trading Partners via email and posted to the HETS Status website, http://www.hetsstatus.com, as soon as MCARE is aware of the situation. A second follow-up email will also be sent alerting the Trading Partners when the HETS 270/271 application becomes available.

Please refer to Section 5 of this Companion Guide for MCARE contact information.

4.2.2 Re-Transmission Procedure

Trading Partners may call MCARE for assistance in researching problems with their transactions. However, MCARE will not edit Trading Partner eligibility data and/or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct the transaction and resubmit, following the same processes and procedures of the original file.

4.3 Communication Protocol Specifications

Trading Partners may connect to the HETS 270/271 application via one of the following communication protocols:

- TCP/IP over the CMS Extranet
- SOAP + WSDL
- HTTP MIME Multipart

To connect to the HETS 270/271 application via SOAP or MIME, Trading Partners will need to authenticate with an X.509 Digital Certificate using the Transport Layer Security (TLS) 1.0 open standard for client certificate-based authentication. TLS 1.0 is required for compliance with the federally-mandated Submitter Authentication Standard D in the Conformance Requirements.

Before a certificate can be procured from a Certificate Authority (CA), Trading Partners will need to generate a platform-specific Certificate Signing Request (CSR). Trading Partners are requested to review the CA-specific CSR process carefully and contact the CAs directly to obtain the certificate. The HETS 270/271 application requires a certificate enabled with a minimum 128-bit Secure Socket Layer SSL encryption.

Trading Partners must use one of the following CAs to procure a Digital Certificate:

- **DigiCert:** DigiCert provides "SSL Plus Certificates" which can be procured from http://www.digicert.com/welcome/ssl-plus.htm.

  Before procuring a certificate, Trading Partners are advised to review the information on certificate procurement and platform-specific CSR generation at this link: http://www.digicert.com/csr-creation.htm.

- **Entrust:** Entrust provides "Advantage SSL Certificates" which can be procured from http://www.entrust.net/ssl-certificates/advantage.htm.

  Before procuring a certificate, Trading Partners are advised to review the information on certificate procurement and platform-specific CSR generation at this link: http://www.entrust.net/ssl-technical/csr_faq.cfm.

- **Symantec (VeriSign):** Symantec issues VeriSign "Secure Site" SSL certificates which can be procured from http://www.symantec.com/verisign/ssl-certificates/secure-site.

  Before procuring a certificate, Trading Partners are advised to review the information on certificate procurement and platform-specific CSR generation at this link: https://knowledge.verisign.com/support/ssl-certificates-support/index?page=content&actp=CROSSLINK&id=AR235.

  Note: The certificates listed for each CA are the minimum level required to connect to the HETS 270/271 application. Trading Partners may choose to procure a higher level of certificate.

Before accessing the HETS 270/271 application via SOAP or MIME, new and existing Trading Partners must provide the Digital Certificate to CMS by contacting MCARE. MCARE will verify the certificate and initiate the process to configure Trading Partner access to the HETS 270/271 application. If the Trading Partner's Digital Certificate has not been approved and properly configured, connection to the HETS 270/271 application may be rejected.

For more information on the Communication Protocol Specifications for connecting to the HETS 270/271 application, refer to the MCARE contact information provided in Section 5 of this Companion Guide.

4.3.1 CMS Extranet

The HETS 270/271 application supports transactions through the CMS Extranet via the TCP/IP transfer protocol. Trading Partners must initiate the TCP handshake to establish a TCP/IP socket connection at the CMS data center. Trading Partners should only request to open a TCP/IP socket connection as necessary to support their active eligibility requests.

The 270 request must be sent to the connected socket session immediately after Trading Partners have successfully negotiated the socket, and the 271 response will be received on the same socket connection. Trading Partners may choose to implement a client that can listen to the same socket session for a 271 response while 270 requests are being streamed. Trading Partners should monitor the TCP/IP socket connection while connected to ensure that the socket remains open and viable. Trading Partners should be able to determine if a socket has prematurely terminated for any reason.

Trading Partners should only submit one transaction concurrently per socket. Transactions process linearly; therefore, submitting more than one transaction per socket concurrently results in additional transactions queuing and delaying response time to the additional transactions.

CMS recommends that high volume Trading Partners send transactions asynchronously, that is, streaming multiple sequential requests via the single socket connection. If transactions are submitted asynchronously, Trading Partners should submit the next 270 request as soon as the response to the previous request is received. Asynchronous Trading Partners may open multiple sockets, if necessary, to support transaction volume during high volume periods.

Sending 270 requests asynchronously also improves socket efficiency. There are a finite number of available HETS 270/271 sockets, so Trading Partners should limit the number of simultaneous connections to the HETS 270/271 application.

When the last requested 271 response has been received, Trading Partners should close the socket connection immediately using a TCP handshake. The HETS 270/271 application is configured to idle connections, but only after a 5-second delay to determine if additional requests will be sent. Trading Partners will greatly improve

overall socket availability if they forcefully terminate all socket requests when their transactions are complete.

Each submitted transmission must contain one 270 request with only one Interchange Control Envelope, along with a transmission wrapper, around the 270 request. The purpose of the transmission wrapper is to communicate the length of the transaction message and to indicate the end of the transmission to the HETS 270/271 application.

The outbound response transaction wrapper has the same format as the inbound transmission wrapper. The 271 response to the Trading Partner will be returned in the same session in which the 270 request was submitted.

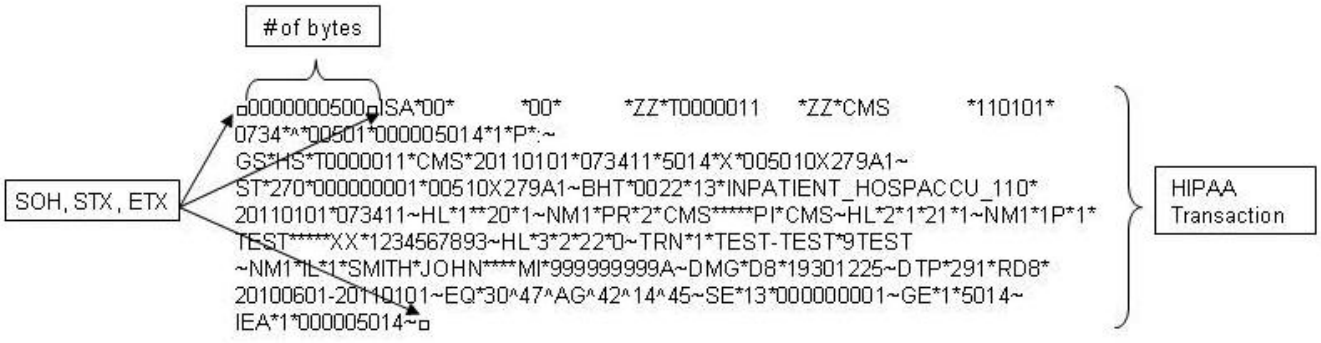
The standard format of the TCP/IP Communication Transport Protocol Wrapper, SOHLLLLLLLLLLSTX<HIPAA 270 Transaction>ETX, is represented in Table 1.

Table 1 – Standard Format of the TCP/IP Communication Transport Protocol Wrapper

Element	Description	Length	Hexadecimal Value	Note(s)
SOH	Start of header	1	01	This is a required element.
LLLLLLLLLL	# of bytes, including spaces, of the 270 request	10		Right justified, zero padded. This is a required element.
STX	Start of text	1	02	This is a required element.
HIPAA 270 Transaction	Eligibility request	variable		This is a required element.
ETX	End of text	1	03	This is a required element.

An illustration of the standard format of the TCP/IP Communication Transport Protocol Wrapper is represented by Figure 3.

Figure 3 – Example of TCP/IP Communication Transport Protocol Wrapper



Refer to the Extended Control Set matrix in the Appendix of the ASC X12 270/271 version 005010X279A1 TR3 for additional information about SOH, STX and ETX.

4.3.2 SOAP + WSDL

The HETS 270/271 application also supports Internet transactions formatted according to SOAP standards set forth by the WSDL for Extensible Markup Language (XML) envelope formatting, submission and retrieval.

4.3.2.1 SOAP XML Schema

The XML schema definition used by the HETS 270/271 application is located at:
http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd

4.3.2.2 WSDL Information

The WSDL definition used by the HETS 270/271 application is located at:
http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.wsdl

4.3.2.3 SOAP Version Requirements

The HETS 270/271 application requires that all SOAP transactions conform to SOAP Version 1.2.

4.3.2.4 Submission/Retrieval

SOAP transactions must be submitted to the HETS 270/271 using the following URL:
https://soap.hets.cms.gov/eligibility/realtime/soap

All X12 payloads (defined in Section 4.3.1 of this Companion Guide) must be embedded using the Inline method (CDATA element) for real-time SOAP transactions. For more information, refer to the W3C recommendation on SOAP messaging framework located at:
http://www.w3.org/TR/soap12-part1

4.3.2.5 SOAP Header Requirements

The SOAP Header should include the timestamp element and should be digitally signed. Detailed SOAP + WSDL envelope standards for CORE Phase II Connectivity are located at:
http://www.caqh.org/pdf/CLEAN5010/270-v5010.pdf

4.3.2.6 SOAP Body Requirements

Required HETS-specific body elements for 270 requests using SOAP are defined in Table 2.

Table 2 – Required Body Elements for 270 Requests Using SOAP

Element Name	Description
PayloadType	X12_270_Request_005010X279A1
ProcessingMode	RealTime
PayloadID	Refer to Section 4.4.2 of the Phase II CORE 270: Connectivity Rule for structural guidelines for CORE envelope metadata.
TimeStamp	Format is YYYY-MM-DDTHH:MMSSZ. Refer to http://www.w3.org/TR/xmlschema11-2/#dateTime for more information.

Element Name	Description
SenderID	This is a user defined alphanumeric field. The value must be 10 characters in length. Recommended value is the HETS 270/271 SOAP submitter ID plus trailing zeros for a total of 10 characters.
ReceiverID	CMS
CORERuleVersion	2.2.0
Payload	X12 request. This element must be digitally signed and the entire payload should be enclosed within a CDATA tag.

Table 3 defines HETS-specific body elements for 271 responses using SOAP.

Table 3 – Required Body Elements for 271 Responses Using SOAP

Element Name	Description
PayloadType	X12_271_Response_005010X279A1
ProcessingMode	RealTime
PayloadID	Refer to Section 4.4.2 of the Phase II CORE 270: Connectivity Rule for structural guidelines for CORE envelope metadata.
TimeStamp	Format is YYYY-MM-DDTHH:MMSSZ. Refer to http://www.w3.org/TR/xmlschema11-2/#dateTime for more information.
SenderID	CMS
ReceiverID	This field should be 10 characters in length.
CORERuleVersion	2.2.0
Payload	X12 response

4.3.2.7 SOAP Digital Signature

The SOAP communication protocol requires Trading Partners to digitally sign the message body and certain elements (i.e., Timestamp) of the header. Refer to http://www.w3.org/TR/SOAP-dsig/ for details related to XML signatures.

4.3.2.8 SOAP Examples

Examples of a SOAP request and response can be found in Sections 4.2.2.3 and 4.2.2.4 of the CORE Phase II Connectivity Rule at this link: http://www.caqh.org/pdf/CLEAN5010/270-v5010.pdf

4.3.3 HTTP MIME Multipart

The HETS 270/271 application also supports standard HTTP/MIME messages. The required MIME format is multipart/form-data. Trading Partners will need to write a program or use a client application that can create a MIME-encoded multipart form. Responses to request transactions sent via this protocol will be returned in a MIME multipart form, which contains the payload as an X12 document.

4.3.3.1 Submission/Retrieval

MIME transactions must be submitted to the HETS 270/271 using the following URL: https://mime.hets.cms.gov/eligibility/realtime/mime

A MIME transaction must be constructed exactly to the multipart/form-data specifications. Refer to http://www.faqs.org/rfcs/rfc2388.html for more information on multipart/form header and body specifications.

4.3.3.2 HTTP MIME Multipart Header Requirements

MIME transactions will include standard HTTP header data elements such as POST, HOST, Content-Length and Content-Type. The supported Content-Type is "multipart/form-data".

4.3.3.3 HTTP MIME Multipart Body Requirements

Since CORE does not specify naming conventions, HETS will implement MIME with the same field names as SOAP. Required body elements for MIME transactions are defined in Table 4

Table 4 – Required Body Elements for 270 Requests Using MIME

Element Name	Description
PayloadType	X12_270_Request_005010X279A1
ProcessingMode	RealTime
PayloadID	Refer to Section 4.4.2 of the Phase II CORE 270: Connectivity Rule for structural guidelines for CORE envelope metadata.
TimeStamp	Format is YYYY-MM-DDTHH:MMSSZ. Refer to http://www.w3.org/TR/xmlschema11-2/#dateTime for more information.
SenderID	This is a user defined alphanumeric field. The value must be 10 characters in length. Recommended value is the HETS 270/271 SOAP submitter ID plus trailing zeros for a total of 10 characters.
ReceiverID	CMS
CORERuleVersion	2.2.0
Payload	X12 request. This element must be digitally signed and the entire payload should be enclosed within a CDATA tag. If a MIME transaction is submitted with the X12 request in an attachment, it must have a (.txt) extension. If an attachment with a file extension other than (.txt) is received, the transaction will be rejected.

Table 5 defines HETS-specific body elements for 271 responses using MIME.

Table 5 – Required Body Elements for 271 Responses Using MIME

Element Name	Description
PayloadType	X12_271_Response_005010X279A1
ProcessingMode	RealTime
PayloadID	Refer to Section 4.4.2 of the Phase II CORE 270: Connectivity Rule for structural guidelines for CORE envelope metadata.
TimeStamp	Format is YYYY-MM-DDTHH:MMSSZ. Refer to http://www.w3.org/TR/xmlschema11-2/#dateTime for more information.
SenderID	CMS
ReceiverID	This field should be 10 characters in length.
CORERuleVersion	2.2.0
Payload	X12 response

4.3.3.4 HTTP MIME Multipart Examples

Examples of a MIME request and response can be found in Sections 4.2.1.1 and 4.2.1.2 of the CORE Phase II Connectivity Rule at this link: http://www.caqh.org/pdf/CLEAN5010/270-v5010.pdf

4.4 Security

The HETS 270/271 application is located at a secure CMS data center. The CMS Extranet connection requires a password that is provided by the CMS-approved network reseller and features a variety of security measures to protect the integrity of the HETS 270/271 application. Trading Partners transmitting with SOAP or MIME must obtain a digital certificate and send the transaction to the HETS 270/271 application via secure internet connection. Additionally, the HETS 270/271 application authorizes Trading Partners based on either their originating Internet Protocol (IP) address or digital certificate and their CMS-issued HETS 270/271 Submitter ID.

All Trading Partners must assume full responsibility for the privacy and security of all Medicare Beneficiary data. Additionally, CMS holds Clearinghouse Submitters responsible for the privacy and security of eligibility transactions sent directly to them from Providers, and requires them to be able to associate each inquiry with a Provider. Provider authentication must be established by the Clearinghouse outside of the transaction.

5 MCARE Contact Information

All inquiries and comments regarding Trading Partner registration, connection set-up, transaction testing, and the submission of 270/271 transactions and interpretation of their data should be directed to MCARE.

MCARE is available at 1-866-324-7315 or at MCARE@cms.hhs.gov Monday through Friday, from 7:00 AM to 7:00 PM ET.

Note: The MCARE email address is monitored during normal business hours. Emails are typically answered within one business day.

MCARE cannot assist in the resolution of benefit-related discrepancies. Questions regarding eligibility/benefit data for Medicare Part A and Part B should be directed to the appropriate regional MAC. Eligibility/benefit questions about MA, Part D and MSP should be directed to the appropriate plan(s) identified in the 271 response.

6 Control Segments/Envelopes

The following sections describe the HETS 270/271 transaction requirements to be used in conjunction with the requirements outlined in the ASC X12 270/271 version 005010X279A1 TR3. Adhering to these requirements will help to ensure that transactions received by the HETS 270/271 application will pass the specified business edits.

All references to the ASC X12 270/271 version 005010X279A1 TR3 assume the version referenced in Section 1.1 of this Companion Guide.

6.1 Interchange Control Structure (ISA/IEA)

Table 6 describes the values specifically required by the HETS 270/271 application within the ISA Header of the 270 request. The HETS 270/271 application does not expect any custom values for the IEA segment within the 270 request. Please follow the rules as specified by the ASC X12 270/271 version 005010X279A1 TR3.

Table 6 – 270 ISA Segment Rules

Reference	Name	X12 Codes	Notes/Comments
ISA	Interchange Control Header		
ISA01	Authorization Information Qualifier	00	HETS always expects “00”.
ISA03	Security Information Qualifier	00	HETS always expects “00”.
ISA05	Interchange ID Qualifier	ZZ	HETS always expects “ZZ”.
ISA06	Interchange Sender ID		HETS always expects the Trading Partner Submitter ID assigned by CMS.
ISA07	Interchange ID Qualifier	ZZ	HETS always expects “ZZ”.
ISA08	Interchange Receiver ID		HETS always expects “CMS”.
ISA14	Acknowledgment Requested	0,1	HETS will not return the TA1 acknowledgement receipt of a real time transaction even if acknowledgment is requested.

6.2 Functional Group Structure (GS/GE)

Table 7 describes the values specifically required by the HETS 270/271 application within the GS Header of the 270 request. Please follow the rules as specified by the ASC X12 270/271 version 005010X279A1 TR3 for all other elements in the GS Header.

The HETS 270/271 application does not expect any custom values for the GE segment within the 270 request. Please follow the rules as specified by the ASC X12 270/271 version 005010X279A1 TR3 for the GE segment.

Table 7 – 270 GS Segment Rules

Reference	Name	X12 Codes	Notes/Comments
GS	Functional Group Header		
GS02	Application Sender’s Code		HETS always expects the Trading Partner Submitter ID assigned by CMS.
GS03	Application Receiver’s Code		HETS always expects “CMS”.

6.3 Transaction Set Header/Trailer (ST/SE)

The HETS 270/271 application does not expect any custom values for the ST/SE segments within the 270 request. Please follow the rules as specified by the ASC X12 270/271 version 005010X279A1 TR3.

7 Payer Specific Business Rules and Limitations

This section describes the business rules and limitations of the HETS 270/271 application.

All references to the ASC X12 270/271 version 005010X279A1TR3 assume the version referenced in Section 1.1 of this Companion Guide.

7.1 General Structural Notes

- Trading Partners should follow the ST/SE guidelines outlined in the 270 section of the ASC X12 270/271 version 005010X279A1 TR3.
- Trading Partners should follow the ISA/IEA and GS/GE guidelines for HIPAA in Appendix C of the ASC X12 270/271 version 005010X279A1 TR3 and follow the 999 and TA1 guidelines outlined in the Implementation Acknowledgement for Health Care Insurance.
- Trading Partners must follow the character set guidelines as defined in the Appendix of the ASC X12 270/271 version 005010X279A1 TR3.
- CMS strongly recommends that Trading Partners use the preferred 270 request delimiters in Table 8.

Table 8 – Preferred 270 Request Delimiters

Character	Name	Delimiter
*	Asterisk	Data Element Separator
|	Pipe	Component Element Separator
~	Tilde	Segment Terminator
^	Carat	Repetition Separator

- Each transaction must contain only one Patient Request. Each 270 request must have only one ISA/IEA, one GS/GE, one ST/SE, and a single 2100C Subscriber Loop

7.2 General Transaction Notes

- The HETS 270/271 application will accept multiple STCs and/or HCPCS codes on a 270 request.
- The HETS 270/271 application will return the following basic set of eligibility information if the Medicare Beneficiary is entitled to Part A and/or Part B for all valid 270 requests.
    - Beneficiary Demographics
    - Part A and B Entitlement including any Periods of Inactivity
    - Coverage Status of Requested and Supported STCs
    - MSP, MA, and Part D Plan Enrollment Information

    - Plan Level Financial Information
- Additional eligibility information will be returned when the following supported STCs are sent within a 270 request: AD, AE, AF, AG, A5, A7, BF, BG, 10, 14, 15, 42, 45, 47, 48, 49 and 67.
- Additional eligibility information will be returned when the following supported HCPCS Codes are sent within a 270 request: 77057, 80061, 82270, 82465, 82947, 82950, 82951, 83718, 84478, 90669, 90670, 90732, G0101,G0102, G0103, G0104, G0105, G0106, G0117, G0118, G0120, G0121, G0123, G0143, G0144, G0145, G0147, G0148, G0202, G0328, G0389, G0402, G0403, G0404, G0405, G0438, G0439, G0444, G0445, G0446, G0447, P3000 and Q0091.
- The HETS 270/271 application will return the Medicare coverage status for the following supported STCs when sent within a 270 request: 1, 2, 3, 4, 5, 6, 7, 8, 10, 12, 13, 14, 15, 18, 20, 23, 24, 25, 26, 27, 28, 30, 33, 35, 36, 37, 38, 39, 40, 41, 42, 45, 47, 48, 49, 50, 51, 52, 53, 54, 62, 65, 67, 68, 69, 73, 76, 78, 80, 81, 82, 83, 86, 88, 93, 98, 99, A0, A3, A4, A5, A6, A7, A8, AD, AE, AF, AG, AI, AJ, AK, AL, BF, BG, BH, BT, BU, BV, DM, MH, UC.
- The HETS 270/271 application will only return the coverage status of the “child” components if STCs 1, 35, 47 and/or MH are sent within a 270 request. If the request date is after the Date of Death, then the “child” components will not be returned. The “child” component STCs are defined in the Front Matter of the ASC X12 270/271 version 005010X279A1 TR3. Benefit data will only be returned for STC 47.
- The HETS 270/271 application will return the following supported STCs as covered under Medicare Part A: 10, 15, 42, 45, 48, 49, 65, 69, 76, 78, 83, A5, A7, AG, BT, BU, BV. The coverage status of the Part A covered STCs will be returned in the EB01 data element of the Part A Entitlement 2110C Loop.
- The HETS 270/271 application will return the following supported STCs as covered under Medicare Part B: 2, 3, 4, 5, 6, 7, 8, 10, 12, 13, 14, 18, 20, 23, 24, 25, 26, 27, 28, 33, 36, 37, 38, 39, 40, 42, 50, 51, 52, 53, 62, 65, 67, 69, 73, 76, 78, 80, 81, 83, 86, 93, 98, 99, A0, A3, A4, A6, A8, AD, AE, AF, AI, AJ, AK, AL, BF, BG, BH, BT, BU, BV, DM, UC. The coverage status of the Part B covered STCs will be returned in the EB01 data element of the Part B Entitlement 2110C Loop.
- The HETS 270/271 application will return the following supported STCs as not covered (EB01= “I”) under Medicare: 41, 54, 68, 82.
- When STC = “30” is submitted on a 270 request, the HETS 270/271 application will return the coverage status of the following STCs: 2, 3, 23, 24, 25, 26, 27, 28, 33, 36, 37, 38, 39, 40, 41, 42, 45, 48, 49, 50, 51, 52, 53, 54, 67, 69, 73, 76, 83, 86, 88, 98, A4, A5, A6, A7, A8, AG, AI, AJ, AK, AL, BT, BU, BV, DM, UC.
- The following scenarios will also produce a response as though STC= “30” was requested.
    - No STC is requested

- A requested STC is not supported by HETS
- A requested HCPCS code is not supported by HETS

- The HETS 270/271 application will return the Medicare Beneficiary's Part D coverage status with STC = "88" in a separate 2110C Loop when STC = "88" is specifically requested or if the HETS 270/271 application is responding as if STC = "30" was requested.
- The following STCs are free services and are covered at 100% by Medicare Part A and/or Part B; therefore, deductibles, copayment and coinsurance liabilities do not apply: 5, 42, 45, 67 and AJ.
- The HETS 270/271 application will return an additional 2110C Loop for any STC where the deductible and/or coinsurance amounts differ from the Plan Level amounts.
- The HETS 270/271 application will return the coverage status for STCs 48 and 49 when STCs AG, 47, 48 and/or 49 are sent within a 270 request.
- The HETS 270/271 application may return multiple EB loops to reflect the Medicare Beneficiary's plan level financials, benefit and enrollment history and/or the EQ values sent within a 270 request.
- The HETS 270/271 application will not generate a 2110C Loop for future years that do not have deductible values or copayment per day values as published by CMS. The 271 response is based upon information obtained from the CMS database at the time of inquiry and is not considered a guarantee of payment.
- Trading Partners will receive a AAA error in a 2100A Loop with a reject reason code of AAA03 = "42" when the HETS 270/271 application is unable to process a single transaction in less than 60 seconds or when other system issues are encountered.
- The HETS 270/271 application will return a 999 error response if dependent level data is sent within a 270 request.

7.3 Medicare Beneficiary Matching Rules

The HETS 270/271 application applies search logic that uses a combination of the following data elements: Health Insurance Claim Number (HICN), Medicare Beneficiary's Date of Birth (DOB), Medicare Beneficiary's Full Last Name, and Medicare Beneficiary's Full First Name. Table 9 describes the necessary data elements for the required primary and alternate search options supported by the HETS 270/271 application.

Table 9 – HETS 270/271 Search Options

Search Option	HICN	Last Name	First Name	DOB
Primary	X	X	X	X
Alternate 1	X	X		X
Alternate 2	X	X	X	

- If the Medicare Beneficiary's submitted HICN is found but is not the Medicare Beneficiary's active number, the HETS 270/271 application will cross-reference the submitted HICN to the active HICN. The 271 response will include in the 2100C Loop the inactive HICN within a REF segment, the active HICN within NM109, and a AAA error with a reject reason code of AAA03 = "72". The Trading Partner may then send a new 270 request with the active HICN.
- If the search criteria do not produce a match to a Medicare Beneficiary, the HETS 270/271 application will generate the appropriate AAA03 error code in the 271 response. Refer to Section 8.3 of this Companion Guide for additional information.

7.4 Date of Service Rules

- The HETS 270/271 application will respond with current eligibility information if no date is contained in the 270 request.
- CMS will verify that the requested date(s) on the 270 request are within the HETS 270/271 application's allowable date span. The allowable date span is up to 27 months in the past and up to four months in the future, based on the date the transaction was received. If requests are outside of this range, the HETS 270/271 application will return a AAA error in the 2100C Loop with a reject reason code of AAA03 = "62".

Table 10 illustrates the allowable request date ranges.

Table 10 – Request Date Calendar

If the Current Month Is:	Historical Requests Are Valid Through:	Future Requests Are Valid Through:
January	October, 3 years ago	May of the current year
February	November, 3 years ago	June of the current year
March	December, 3 years ago	July of the current year
April	January, 2 years ago	August of the current year
May	February, 2 years ago	September of the current year
June	March, 2 years ago	October of the current year
July	April, 2 years ago	November of the current year
August	May, 2 years ago	December of the current year
September	June, 2 years ago	January of the following year
October	July, 2 years ago	February of the following year
November	August, 2 years ago	March of the following year
December	September, 2 years ago	April of the following year

Example: If an eligibility request is sent on December 1, 2013, requests from September 1, 2011 through April 1, 2014 will be accepted.

7.5 Medicare Part A & Part B Eligibility Business Rules

- Trading Partners should review the entire 271 response to determine the appropriate eligibility status for the Medicare Beneficiary.
- To indicate periods of Medicare entitlement, the HETS 270/271 application will return a 2110C Loop with element EB01 = "1" along with applicable EB03 covered

STCs and the Subscriber Eligibility/Benefit Date (DTP03) where DTP01 = “291” with beginning and end dates, where appropriate, for each applicable entitlement period.

- The HETS 270/271 application will return a 2110C Loop with element EB01= “6” for Part A and/or Part B along with applicable EB03 covered STCs without the DTP segments for either of the following reasons:
    - The Medicare Beneficiary’s Part A and/or Part B entitlement had not yet begun as of the requested date(s) of service.
    - The Medicare Beneficiary’s Part A and/or Part B entitlement has terminated prior to the requested date(s) of service.
- The HETS 270/271 application will return a 2110C Loop with element EB01 = “6” along with a DTP segment containing beginning and end dates for the period of inactivity when an individual entitled to Medicare is ineligible for Medicare benefits over a period of time for any one the following reasons:
    - The Medicare Beneficiary has been classified as an illegal alien in the United States.
    - The Medicare Beneficiary has been deported from the United States.
    - The Medicare Beneficiary has been incarcerated.
    - **Note:** Information specifying the reason for the period of ineligibility will not be released.
- The HETS 270/271 application will return a 2110C Loop with element EB01= “6”, EB03 = the requested STC, and no eligibility data, when the Medicare Beneficiary is deceased and the Date of Death is prior to the requested date(s) of service.
- If a Medicare Beneficiary has died, but the requested date(s) of service are on or prior to the Date of Death, their Medicare Part A and/or Part B entitlement date(s) and other applicable eligibility data will be returned along with a separate DTP segment containing the Date of Death.
- Multiple periods of a Medicare Beneficiary’s inactive Medicare enrollment may be returned in a 271 response if they occur during the requested date(s) of service.
- Example segments returned in a 271 response:

  Part A Entitlement

  EB*1**30^42^45^48^49^69^76^83^A5^A7^AG^BT^BU^BV*MA~
  DTP*291*RD8*CCYYMMDD-CCYYMMDD~ (DTP03 = Entitlement and Termination Dates (where applicable))

  Part B Entitlement

  EB*1**30^2^3^23^24^25^26^27^28^33^36^37^38^39^40^42^50^51^52^53^67^69^73^76^83^86^98^A4^A6^A8^AI^AJ^AK^AL^BT^BU^BV^DM^UC*MB~

DTP*291*RD8*CCYYMMDD-CCYYMMDD~ (DTP03 = Entitlement and Termination Dates (where applicable))

Inactive Due to Date of Death

EB*6**30~
DTP*442*D8*CCYYMMDD~ (DTP03 = Date of Death)

Entitled but Inactive Due to Incarceration, Deportation or Alien Status

Inactive Period

EB*6**30~
DTP*307*RD8*CCYYMMDD-CCYYMMDD~ (DTP03 = Inactive Date(s))

Entitlement Period

EB*1**30^42^45^48^49^69^76^83^A5^A7^AG^BT^BU^BV*MA~
DTP*291*D8*CCYYMMDD~ (DTP03 = Part A Entitlement Date(s))
EB*1**30^2^3^23^24^25^26^27^28^33^36^37^38^39^40^42^50^51^52^53^67^69^73^76^83^86^98^A4^A6^A8^AI^AJ^AK^AL^BT^BU^BV^DM^UC*MB~
DTP*291*D8*CCYYMMDD~ (DTP03 = Part B Entitlement Date(s))

For additional information, refer to Table 23 – Part D Plan Coverage.

7.6 Plan Level Part A Deductible Business Rules

- The HETS 270/271 application will return the following Part A Plan Level financial information in the 2110C Loop on every 271 response where the Medicare Beneficiary is Part A entitled:
    - The base Part A deductible amount for every calendar year of the date/date range on the 270 request plus the start year of the earliest intersecting spell.
    - The remaining Part A deductible amount for every calendar year within the date/date range on the 270 request plus the start year of the earliest intersecting spell.
    - The remaining Part A deductible amount and applicable DOEBA/DOLBA dates for every spell that intersects the date/date range on the 270 request.
- The HETS 270/271 application will return the Part A deductible as zero in an additional 2110C Loop for STCs 42 or 45 when applicable and the Medicare Beneficiary is Part A entitled.
- Example segments returned in a 271 response:

Part A Deductible Financial Data

EB*C**30*MA**26*1184~ (EB07 = Part A Base Deductible 2013)
DTP*291*RD8*20130101-20131231~
EB*C**30*MA**26*1156~ (EB07 = Part A Base Deductible 2012)
DTP*291*RD8*20120101-20121231~
EB*C**30*MA**29*1184~ (EB07 = Part A Base Deductible as Remaining 2013)
DTP*291*RD8*20130101-20131231~
EB*C**30*MA**29*1156~ (EB07 = Part A Base Deductible as Remaining 2012)
DTP*291*RD8*20120101-20121231~
EB*C**30*MA**29*0~ (EB07 = Part A Spell Remaining)
DTP*291*RD8*20120101-20120106~

Covered at 100% -- Part A

EB*C**42^45*MA**26*0~ (EB07 = 0 to display the Part A Base Deductible is not applicable 2013)
DTP*292*RD8*20130101-20131231~
EB*C**42^45*MA**26*0~ (EB07 = 0 to display the Part A Base Deductible is not applicable 2012)
DTP*292*RD8*20120101-20121231

For additional information, refer to Table 25.

7.7 Plan Level Part B Deductible and Coinsurance Business Rules

The purpose of this section is to explain the HETS 270/271 application business rules for Part B deductible and coinsurance amounts. Section 7.7.1 illustrates the business rules for STCs. Section 7.7.2 illustrates the business rules for supported HCPCS codes.

7.7.1 STC Financial Business Rules

- The HETS 270/271 application will return the following Part B Plan Level financial information in the 2110C Loop on every 271 response when a supported STC, non-supported STC or no STC is submitted and the Medicare Beneficiary is Part B entitled:
    - The Part B base deductible amount for every calendar year within the date/date range on the 270 request.
    - The Part B remaining deductible amount for every calendar year within the date/date range on the 270 request.
    - The Part B coinsurance amount for every calendar year within the date/date range sent within a 270 request.
- The HETS 270/271 application will return the Part B outpatient mental health treatment limitation coinsurance in an additional 2110C Loop for STCs A4, A6,

A8, AI, and/or AK when the coinsurance percentage is different from the Plan Level coinsurance and the Medicare Beneficiary is Part B entitled.

- The HETS 270/271 application will return the Part B deductible and coinsurance percentage as zero for STC 5, 42, 67 and/or AJ in an additional 2110C loop when the beneficiary is Part B entitled and any of the following conditions exist on the 270 request.
    - STCs 5, 42, 67 or AJ are explicitly requested
    - STCs 1, 30 or MH are requested
    - HETS responds as if STC 30 was requested - refer to Section 7.2

- Example segments returned in a 271 response:

  Part B Deductible Financial Data

  EB*C**30*MB**23*147~ (EB07 = Part B Base Deductible 2013)
  DTP*291*RD8*20130101-20131231~
  EB*C**30*MB**23*140~ (EB07 = Part B Base Deductible 2012)
  DTP*291*RD8*20120101-20121231~
  EB*C**30*MB**29*0~ (EB07 = Part B Remaining Deductible 2013)
  DTP*291*RD8*20130101-20131231~
  EB*C**30*MB**29*0~ (EB07 = Part B Remaining Deductible 2012)
  DTP*291*RD8*20120101-20121231~
  EB*A**30*MB**27**.2~ (EB08 = Plan Level Coinsurance Percentage 2013)
  DTP*291*RD8*20130101-20131231~
  EB*A**30*MB**27**.2~ (EB08 = Plan Level Coinsurance Percentage 2012)
  DTP*291*RD8*20120101-20121231~
  EB*A**A4^A6^A8^AI^AK*MB**27**.35~ (EB08 = Mental Health Coinsurance Percentage 2013)
  DTP*292*RD8*20130101-20131231~
  EB*A**A4^A6^A8^AI^AK*MB**27**.4~ (EB08 = Mental Health Coinsurance Percentage 2012)
  DTP*292*RD8*20120101-20121231~

  Covered at 100% -- Part B

  EB*C**5^42^67^AJ*MB**23*0~ (EB07 = 0 to display the Part B Base Deductible is not applicable 2013)
  DTP*292*RD8*20130101-20131231~
  EB*C**5^42^67^AJ*MB**23*0~ (EB07 = 0 to display the Part B Base Deductible is not applicable 2012)
  DTP*292*RD8*20120101-20121231~
  EB*A**5^42^67^AJ*MB**27**0~ (EB08 = 0 to display the Part B Coinsurance is not applicable 2013)
  DTP*292*RD8*20130101-20131231~
  EB*A**5^42^67^AJ*MB**27**0~ (EB08 = 0 to display the Part B Coinsurance is not applicable 2012)

DTP*292*RD8*20120101-20121231~

For additional information, refer to Table 26.

7.7.2 HCPCS Code Financial Business Rules

The following rules apply to the additional financial data returned on a 271 response for supported HCPCS codes.

- The HETS 270/271 application will only return current year's financial data for supported HCPCS codes when the next eligible date year is prior to or equal to the current year. The current year is determined by the year of the system date on which the 270 request is received by the HETS 270/271 application.
- The HETS 270/271 application will return the following Part B HCPCS financial information in the 2110C Loop for the current year within a 271 response when supported HCPCS code are submitted for a Medicare Beneficiary that has active Part B entitled and does not have a Date of Death on file at the time of the 270 request:
    - The Part B deductible amount for the current year.
    - The Part B Remaining deductible amount for the current year if not waived.
    - The Part B coinsurance amount for the current year.
- Example segments returned in a 271 response:

  Part B Deductible Amount:

  EB*C***MB**23*147******HC|G0403~ (EB07 = Deductible Amount or "0" if waived, EB13-2 = HCPCS Code)
  DTP*292*RD8*20130101-20131231~ (YYYY in DTP03 = the calendar year of the system date on which the 270 request was received)

  Part B Remaining Deductible Amount: (This loop will not be sent if the Deductible has been waived)

  EB*C***MB**29*147******HC|G0403~ (EB07 = Deductible Amount, EB13-2 = HCPCS Code)
  DTP*292*RD8*20130101-20131231~ (YYYY in DTP03 = the calendar year of the system date on which the 270 request was received)

  Part B Coinsurance Amount:

  EB*A***MB**27**.2*****HC|G0403~ (EB08 = Coinsurance Amount or "0" if waived, EB13-2 = HCPCS Code)
  DTP*292*RD8*20130101-20131231~ (YYYY in DTP03 = the calendar year of the system date on which the 270 request was received)

For additional information, refer to Table 27 and Table 28.

7.8 Part A Hospital and Skilled Nursing Facility (SNF) Spells Business Rules

- STC 47, 48, 49, AG, A5 or A7 must be sent within a 270 request to receive Hospital Spell data in the 271 response.
    - Hospital Base days and Hospital remaining days and copayment amounts will be returned with Hospital Spell data.
    - Lifetime base reserve days, Lifetime remaining days and copayment amount will be returned with Hospital Spell data.
- STC AG must be sent within a 270 request to receive SNF data in the 271 response.
- Hospital Base days and Hospital remaining days and copayment amounts will be returned with SNF Spell data.
- A SNF spell will always be accompanied by a prior Hospital stay.
- The dates of a Hospital/SNF spell (2110C Loop, Element DTP01 = “435”) will be returned as the Date of Earliest Billing Activity (DOEBA) through the Date of Latest Billing Activity (DOLBA) for the overall spell. Dates of individual Hospital/SNF stays within the complete spell will not be specified.
- All Hospital/SNF spells that fall within 60 days of the date or date range specified in the 270 request will be returned.
- If a single Hospital/SNF spell spans more than one calendar year, the HETS 270/271 application will return the daily copayment amounts associated with the beginning year of the spell.
- If there is no Hospital/SNF spell within 60 days of the requested date(s) of service, the HETS 270/271 application will return default values for Part A Spell data.
- STC A7 must be sent within a 270 request to receive Lifetime Psychiatric Limitation Data for Psychiatric Base Days and Psychiatric Remaining Days in the 271 response.
- Example segments returned in a 271 response:

  Hospital Days Base

  EB*B**30*MA**7*0~ (EB07 = $0 for Medicare Part A Copayment Days)
  HSD***DA**30*0~ (From Day 1)
  HSD***DA**31*60~ (Thru Day 60)
  HSD*****26*1~ (Per Part A Spell)
  DTP*435*RD8*CCYY0101-CCYY1231~ (Calendar Year)

  EB*B**30*MA**7*289~ (EB07 = $ Amt for Medicare Part A Copayment Days)
  HSD***DA**30*60~ (From Day 61)
  HSD***DA**31*90~ (Thru Day 90)
  HSD*****26*1~ (Per Part A Spell)
  DTP*435*RD8*CCYY0101-CCYY1231~ (Calendar Year)

Hospital Days Remaining

EB*B**30*MA**7*0~ (EB07 = $0 for Medicare Part A Copayment Days)
HSD***DA**29*60~ (60 Days Remaining at $0 Per Day)
HSD*****26*1~ (Per Part A Spell)
DTP*435*RD8* CCYY0101-CCYY1231~ (Calendar Year)

EB*B**30*MA**7*289~ ($ Amt for Medicare Part A Copayment Days)
HSD***DA**29*30~ (30 Days Remaining at $ Amt Per Day)
HSD*****26*1~ (Per Part A Spell)
DTP*435*RD8*CCYY0101-CCYY1231~ (Calendar Year)

Hospital Spell Days Remaining

EB*B**30*MA**7*0~ (EB07 = $0 for Medicare Part A Copayment Days)
HSD***DA**29*56~ (56 Days Remaining at $0 Per Day)
HSD*****26*1~ (Per Part A Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (DOEBA-DOLBA)

EB*B**30*MA**7*289~ (EB07 = $ Amt for Medicare Part A Copayment Days)
HSD***DA**29*30~ (30 Days Remaining at $ Amt Per Day)
HSD*****26*1~ (Per Part A Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (DOEBA-DOLBA)

SNF Days Base

EB*B**AG*MA**7*0~ (EB07 = $0 for Medicare Part A Copayment Days)
HSD***DA**30*0~ (From Day 1)
HSD***DA**31*20~ (Thru Day 20)
HSD*****26*1~ (Per SNF Spell)
DTP*435*RD8*CCYY0101-CCYY1231~ (Calendar Year)

EB*B**AG*MA**7*144.5~ (EB07 = $ Amt for Medicare Part A Copayment Days)
HSD***DA**30*20~ (From Day 21)
HSD***DA**31*100~ (Thru Day 100)
HSD*****26*1~ (Per SNF Spell)
DTP*435*RD8*CCYY0101-CCYY1231~ (Calendar Year)

SNF Days Remaining

EB*B**AG*MA**7*0~ (EB07 = $0 for Medicare Part A Copayment Days)
HSD***DA**29*20~ (20 Days Remaining at $0 Per Day)
HSD*****26*1~ (Per SNF Spell)
DTP*435*RD8*CCYY0101-CCYY1231~ (Calendar Year)

EB*B**AG*MA**7*144.5~ (EB07 = $ Amt for Medicare Part A Copayment Days)
HSD***DA**29*80~ (80 Days Remaining at $ Amt Per Day)
HSD*****26*1~ (Per SNF Spell)

DTP*435*RD8*CCYY0101-CCYY1231~ (Calendar Year)

SNF Spell Days Remaining

EB*B**AG*MA**7*0~ (EB07 = $0 for Medicare Part A Copayment Days)
HSD***DA**29*18~ (18 Days Remaining at $0 Per Day)
HSD*****26*1~ (Per SNF Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (DOEBA-DOLBA)

EB*B**AG*MA**7*144.5~ (EB07 = $ Amt for Medicare Part A Copayment Days)
HSD***DA**29*80~ (80 Days Remaining at $ Amt Per Day)
HSD*****26*1~ (Per SNF Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (DOEBA-DOLBA)

Lifetime Reserve Days

EB*K**30*MA**32***DY*60~ (EB10 = Lifetime Base Days)
EB*K**30*MA**33***DY*58~ (EB10 = Lifetime Remaining Days)
EB*K**30*MA**7*578~ (Copayment Amt Per Day)
DTP*435*RD8*CCYY0101-CCYY1231~ (Calendar Year)

Lifetime Psychiatric Limitation Days

EB*K**A7*MA**32***DY*190~ (EB10=Lifetime Psychiatric Base Days)
EB*K**A7*MA**33***DY*180~ (EB10=Lifetime Psychiatric Remaining Days)

For additional information, refer to Table 29.

7.9 Home Health Periods Business Rules

- Home Health information for all periods that overlap the requested date(s) of service will only be returned on the 271 response when STC “42” is sent within a 270 request.
- The DTP03 dates associated with DTP01 = “472” are the Home Health period Start and End Date(s).
- The DTP03 dates associated with DTP01 = “193” and “194” are the Home Health period DOEBA and DOLBA.
- When EB13 = “HC|G0180”, the DTP03 date associated with DTP01 = “193” is the Home Health period Certification Date.
- When EB13 = “HC|G0179”, the DTP03 date associated with DTP01 = “193” is the Home Health period Recertification Date.
- Home Health NPI will be returned in the 2120C Loop NM109 element. The HETS 270/271 application will use multiple loops to return both the Contractor ID and the Provider ID.

- Example segments returned in a 271 response:

  Home Health Benefit Data if Beneficiary is Medicare entitled

  EB*X**42***26~ (EB03 = Home Health Care)
  DTP*472*RD8*CCYYMMDD-CCYYMMDD~ (DTP03 = Home Health Start and End Dates)
  DTP*193*D8*CCYYMMDD~ (DTP03 = DOEBA)
  DTP*194*D8*CCYYMMDD~ (DTP03 = DOLBA)
  LS*2120~
  NM1*PR*2*MAC*****PI*12345~ (NM109 = Contractor Number)
  NM1*1P*1******XX*1234567893~ (NM109 = Provider NPI)
  LE*2120~
  EB*X**********HC|G0180~
  DTP*193*D8*CCYYMMDD~ (Home Health Certification Start Date)
  EB*X**********HC|G0179~
  DTP*193*D8*CCYYMMDD~ (Home Health Recertification Start Date)

For additional information, refer to Table 30.

7.10 Preventive Care Business Rules

- Preventive services are described by the Healthcare Common Procedure Coding System (HCPCS). Although there are many HCPCS codes for which Medicare provides payment, the following is a listing of the preventive categories and the associated HCPCS code(s) supported by the HETS 270/271 application:
    - Annual Depression Screening includes code G0444.
    - Annual Wellness Visit (AWV) includes codes G0438 and G0439.
    - Cardiovascular Disease Screening (CARD) includes codes 80061, 82465, 83718, and 84478.
    - Colorectal Cancer Screening (COLO) includes codes G0104, G0105, G0106, G0120 and G0121.
    - Diabetes Screening Tests (DIAB) includes codes 82947, 82950, and 82951.
    - Fecal Occult Blood Test (FOBT) includes codes G0328 and 82270.
    - Glaucoma Screening (GLAU) includes codes G0117 and G0118.
    - Intensive Behavioral Counseling for Obesity includes code G0447.
    - Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD) includes code G0446.
    - Initial Preventive Physical Examination (IPPE) includes codes G0402, G0403, G0404, and G0405.
    - Pneumococcal Vaccine (PPV) includes codes 90669, 90670 and 90732.

- Prostate Cancer Screening (PROS) includes codes G0102 and G0103.
- Screening and High Intensive Behavioral Counseling (HIBC) to prevent STIs includes code G0445.
- Screening Mammography (MAMM) includes codes G0202 and 77057.
- Screening Pap Test (PAPT) includes codes Q0091, P3000, G0123, G0143, G0144, G0145, G0147, and G0148.
- Screening Pelvic Exam (PCBE) includes code G0101.
- Ultrasound Screening for Abdominal Aortic Aneurysm (AAA) includes code G0389.

- Preventive care information displays current information only. No inference about historical eligibility can be made based on the returned next eligible dates. The next eligible date is the date on which the Medicare Beneficiary is/was eligible to receive services specified by the HCPCS.
- The HETS 270/271 application will ignore the procedure modifier value in EQ02-3 of the 2110C Loop when received on a 270 request.
- Eligibility for preventive services will be returned in individual 2110C Loops within a 271 response when supported HCPCS codes are submitted for a Medicare Beneficiary that has active Part B entitlement and does not have a Date of Death on file at the time of the 270 request.
- If the technical and professional components of a HCPCS code have different next eligible dates, then the HETS 270/271 application will return a separate 2110C Loop for each date.
- Example segments returned in a 271 response:

  Preventive Care with the same Professional and Technical date

  EB*D***MB*********HC|G0121~ (EB13-2 = HCPCS Code)
  DTP*348*D8*CCYYMMDD~ (DTP03 = Next Eligible Date)

  Preventive Care with different Professional and Technical dates for the HCPCS codes and Modifiers

  EB*D***MB*********HC|G0103|26~ (EB13-2 = HCPCS Code, EB13-3 = HCPCS Modifier)
  DTP*348*D8*20060701~ (DTP03 = Next Eligible Professional Date)
  EB*D***MB*********HC|G0103|TC~ (EB13-2 = HCPCS Code, EB13-3 = HCPCS Modifier)
  DTP*348*D8*20110601~ (DTP03 = Next Eligible Technical Date)

For additional information, refer to Table 31.

7.11 Smoking / Tobacco Cessation Counseling Business Rules

- Eligibility for smoking/ tobacco cessation counseling benefits will be returned within a 271 response when STC “67” is submitted for a Medicare Beneficiary that has active Part B entitlement at the time of the 270 request.
- The HETS 270/271 application will return a 2110C Loop with element EB01= “6” if the request date is after the Date of Death and STC “67” is sent within a 270 request.
- Smoking Cessation information displays current information only. No inference about historical eligibility can be made based on the returned next eligible dates.
- Both the base number of sessions and the number of sessions remaining or next eligible date will be returned. If any sessions have been used in the applicable benefit period, the number of sessions remaining along with the base number of sessions will be returned. Otherwise, the next date the Medicare Beneficiary is eligible to receive smoking/tobacco cessation counseling will be returned. However, if a Medicare Beneficiary has never used any sessions during their lifetime eligibility, the HETS 270/271 application will return base and remaining sessions as "8" but will not return a DTP segment.
- Example segments returned in a 271 response:

  Smoking Cessation Sessions Remaining

  EB*F**67*MB**22***VS*8~ (EB10 = Base Sessions)
  HSD*VS*6***29~ (HSD02 = Remaining Sessions)
  OR

  Smoking Cessation Next Eligible Date

  EB*F**67*MB**22***VS*8~ (EB10 = Base Sessions)
  DTP*348*D8*YYCCMMDD~ (DTP03 = Next Eligible Date)

For additional information, refer to Table 32.

7.12 Therapy Services Business Rules

- The dollar amount used by the Medicare Beneficiary for therapy services will be returned for all years within the requested Date(s) of Service, when the Medicare Beneficiary was also entitled to Part B at any time during those year(s) and when STC “AD”, “AE” and/or “AF” is sent within a 270 request.
- Therapy service information will not be returned when:
  - The Medicare Beneficiary was deceased prior to the start of that year.
  - The Medicare Beneficiary had an inactive period of Part B entitlement that spanned the entire calendar year.
- The HETS 270/271 application will return the coverage status for AE and AF if either AE or AF is sent within a 270 request.

- The HETS 270/271 application will return EB03 = “AE” to represent a combined usage for Physical and Speech Therapy.
- Example segments returned in a 271 response:

  Therapy Services

  EB*D**AD*MB***200~ (EB03 = AD for Occupational Therapy, EB07 = $200 Therapy Amount Used)
  DTP*292*RD8*YYYY0101-YYYY1231~ (Calendar Year)
  MSG*Used Amount~

  EB*D**AE*MB***500~ (EB03 = AE for Physical/Speech Therapy, EB07 = $500 Therapy Amount Used)
  DTP*292*RD8*YYYY0101-YYYY1231~ (Calendar Year)
  MSG*Used Amount~

For additional information, refer to Table 33.

7.13 Pulmonary Rehabilitation Services Business Rules

- Eligibility for Pulmonary Rehabilitation (PR) services will be returned within a 271 response when the data is available and STC “BF” is submitted for a Medicare Beneficiary that has active Part B entitlement at the time of the 270 request. Professional and/or Technical Sessions Remaining may be returned.
- Example segments returned in a 271 response:

  Pulmonary Rehabilitation Services

  EB*F**BF*MB**29***CA*72~ (EB10 = PR Sessions Remaining)
  MSG*Professional~
  EB*F**BF*MB**29***CA*72~
  MSG*Technical~

For additional information, refer to Table 34.

7.14 Cardiac Rehabilitation and Intensive Cardiac Rehabilitation Services Business Rules

- Eligibility for Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) services will be returned within a 271 response when the data is available and STC “BG” is submitted for a Medicare Beneficiary that has active Part B entitlement at the time of the 270 request. Professional and/or Technical Sessions Used may be returned.
- Example segments returned in a 271 response:

  Cardiac Rehabilitation Services

  EB*F**BG*MB*****99*72~ (EB10 = CR Sessions Used)

MSG*Professional~
EB*F**BG*MB*****99*72~
MSG*Technical~

Intensive Cardiac Rehabilitation Services

EB*F**BG*MB*****99*72~ (EB10 = ICR Sessions Used)
MSG*Intensive Cardiac Rehabilitation - Professional~
EB*F**BG*MB*****99*72~
MSG*Intensive Cardiac Rehabilitation - Technical~

For additional information, refer to Table 35 and Table 36.

7.15 End Stage Renal Disease (ESRD) Periods Business Rules

- STC “14” or “15” must be sent within a 270 request to receive ESRD dialysis method code, dialysis method start date, and kidney transplant hospital discharge date in a 271 response. Dialysis method start date and/or kidney transplant date will be returned regardless of the date(s) request of the 270 inquiry.
- Example segments returned in a 271 response:

  ESRD – Renal Supplies in the Home

  EB*D**14*MB~ (EB03 = 14 for Renal Supplies in the Home, EB04 = MB for Part B)
  DTP*356*D8*CCYYMMDD~ (DTP03 = ESRD Dialysis Method Start Date)
  DTP*096*D8*CCYYMMDD~ (DTP03 = Kidney Transplant Hospital Discharge Date)

  ESRD – Alternative Method Dialysis

  EB*D**15*MA~ (EB03 = 15 for Alternative Method Dialysis, EB04 = MA for Part A)
  DTP*356*D8*CCYYMMDD~ (DTP03 = ESRD Dialysis Method Start Date)
  DTP*096*D8*CCYYMMDD~ (DTP03 = Kidney Transplant Hospital Discharge Date)

For additional information, refer to Table 37.

7.16 Hospice Care Periods Business Rules

- The Hospice section provides eligibility information when the Hospice benefit is effective and when it terminates. When Hospice coverage is elected, the Beneficiary waives all rights to Medicare payments for services that are related to the treatment and management of their terminal illness during any period their Hospice benefit election is in effect, unless the services are provided by the designated Hospice or provided by another Hospice under arrangements made by the designated Hospice. The one exception is for professional services of an attending physician, which may include a nurse practitioner. If the attending physician, who may be a nurse

practitioner, is an employee of the designated Hospice provider, they may not receive compensation from the Hospice for those services under Part B. These physician professional services are billed to Medicare Part A by the Hospice.

- Hospice information for all periods that overlap the date(s) of service requested will only be returned on the 271 response when STC 45 is sent within the 270 request.
- Hospice Occurrence Count will be returned on the 271 response when STC 45 is sent within the 270 request regardless of:
    - The beneficiary's Part A entitlement for the requested date or date range(s) if the beneficiary has a valid Part B entitlement.
    - The presence or absence of Hospice benefit period data on the 271 response.
- Revocation Code will be returned in an MSG segment for the corresponding Hospice period. Revocation Code values returned by the HETS 270/271 application are:

  Beneficiary in Hospice Care
  "0" – Not revoked, open spell

  Beneficiary with Hospice Care Revoked
  "1" – Revoked by notice of revocation
  "2" – Revoked by notice of revocation with a non-payment code of "N" and an occurrence code of "42"
  "3" – Revoked by a Hospice claim with an occurrence code of "23"

- Example segments returned in a 271 response:

  Hospice Care with Facility information

  EB*X**45*MA**26~ (EB03 = Hospice)
  DTP*292*RD8*CCYYMMDD-CCYYMMDD~ (DTP03 = Hospice Period Dates)
  MSG*Revocation Code – 0~ (MSG01 = Hospice Revocation Code)
  LS*2120~
  NM1*1P*2******XX*1234567893~ (NM109 = Provider NPI)
  LE*2120~
  EB*D**45*MA**26***99*1~ (EB10 = Hospice Occurrence Count)

For additional information, refer to Table 38.

7.17 Blood Deductible Business Rules

- The base number of units for which the Medicare Beneficiary is liable per year and the number of units remaining for the annual blood deductible will be returned for all years within the requested Date(s) of Service, when the Medicare Beneficiary was entitled to either Medicare Part A or Part B at any time during those year(s) and when STC "10" is sent within a 270 request.
- Annual blood deductible will not be returned when:

  - The Medicare Beneficiary was deceased prior to the start of that year.
  - The Medicare Beneficiary had an inactive period that spanned the entire calendar year.
- The HETS 270/271 application will not generate an EB segment for future years that do not have default deductible values as published by CMS.
- Example segments returned in a 271 response:

  Blood Deductible

  EB*E**10***23***DB*3~ (EB10 = Units Excluded)
  HSD*FL*2***29~ (HSD02 = Units Remaining)
  DTP*292*RD8*CCYY0101-CCYY1231~ (DTP03 = Calendar Year)

For additional information, refer to Table 39.

7.18 Part D Plan Enrollment Business Rules

- All Medicare Part D plans with enrollment periods that overlap the requested date(s) of service will be returned within the 271 response.
- Trading Partners are advised to contact the plans if there are any questions about the plan terms and conditions. In addition, indication of coverage does not imply or guarantee payment by the plan. Trading Partners should contact the plan for full benefit and billing information.
- For information on how to contact plans go to http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/index.html and choose “PDP Plan Directory”.
- MA plans that offer Prescription Drug Coverage as a part of an HMO, PPO, POS, or Indemnity plan will be returned twice – once with the “OT” designation to indicate Prescription Drug Coverage and once with the appropriate qualifiers for their MA Plan Type.
- MA plans that only offer Prescription Drug Coverage will be returned once, with the “OT” designation.
- Example segments returned in a 271 response:

  Part D

  EB*R**88*OT~ (EB04 = OT – Prescription Drug Coverage)
  REF*18*12345 001~ (REF02 = Contract Number followed by Plan Number)
  DTP*292*RD8*CCYYMMDD-CCYYMMDD~ (DTP03 = Part D Enrollment and Disenrollment Dates)
  LS*2120~
  NM1*PR*2*ABC DRUG COMPANY~ (NM103 = Contract Name)
  N3*PO BOX 123~ (N301 = Contract Street Address)

N4*ANYTOWN*MD*999999999~ (N401 = Contract City, N402 = Contract State, N403 = Contract Zip)
PER*IC**TE*8001234567*UR*www.plan.com~ (PER04 = Plan Telephone Number, PER06 = Contract Website Address)
LE*2120~

For additional information, refer to Table 40.

7.19 MA Plan Enrollment Business Rules

- All Medicare Beneficiary MA plans with enrollment periods that overlap the requested date(s) of service will be returned within the 271 response.
- The HETS 270/271 application will return one of the following qualifiers within element EB04 in the 2110C Loop for each MA enrollment:
    - HM for Health Maintenance Organization (HMO) Medicare Non-Risk
    - HN for HMO Medicare Risk
    - IN for Indemnity
    - PR for Preferred Provider Organization (PPO)
    - PS for Point of Service (POS)
- The HETS 270/271 application will return only the most recent plan designation (HMO, Indemnity, PPO, POS) for an MA contract, even if the contract's plan designation has changed since the Medicare Beneficiary originally enrolled in the contract.
- MCO Bill Option Code will be returned only for Insurance Type Code values “HM”, “HN”, “IN”, “PR” and “PS”. The MCO Bill Option Codes returned by the HETS 270/271 application are:

  Medicare Beneficiary “locked in” to MCO
  “A” – Fiscal Intermediary should process all claims
  “B” – MCO should process only in-plan Part A claims and in-area Part B claims
  “C” – MCO should process all claims

  Medicare Beneficiary NOT “locked in” to MCO
  “1” – Fiscal Intermediary should process all claims
  “2” – MCO should process only in-plan Part A claims and in-area Part B claims

- Trading Partners are advised to contact the plans if there are any questions about the plan terms and conditions. In addition, indication of coverage does not imply or guarantee payment by the plan. Trading Partners should contact the plan for full benefit and billing information.
- For information on how to contact plans go to http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/index.html and choose “MA Plan Directory”.

- MA plans that offer Prescription Drug Coverage as a part of an HMO, PPO, POS, or Indemnity plan will be returned twice – once with the “OT” designation to indicate Prescription Drug Coverage and once with the appropriate qualifiers for their MA Plan Type.
- Example segments returned in a 271 response:

  MA

  EB*R**30*HN~ (EB04 = Plan Type)
  REF*18*12345 001~ (REF02 = Contract Number followed by Plan Number)
  DTP*290*D8*CCYYMMDD~ (DTP03 = MA Enrollment Date)
  MSG*MCO Bill Option Code – C~
  LS*2120~
  NM1*PRP*2*ABC HEALTHCARE~ (NM103 = Contract Name)
  N3*PO BOX 123~ (N301 = Contract Street Address)
  N4*ANYTOWN*MD*999999999~ (N401 = Contract City, N402 = Contract State, N403 = Contract Zip)
  PER*IC**TE*8001234567*UR*www.plan.com~ (PER04 = Plan Telephone Number, PER06 = Contract Website Address)
  LE*2120~

For additional information, refer to Table 41.

7.20 Medicare Secondary Payer (MSP) Enrollment Business Rules

- All Medicare Beneficiary insurance coverage policies that are primary to Medicare coverage will be returned within the 271 response, provided that the enrollment period overlaps the requested date(s) of service.
- Example segments returned in a 271 response:

  MSP

  EB*R**30*12~(EB04 = MSP Insurance Type Code)
  REF*IG*123456789~(REF02 = Insurance Policy Number)
  DTP*290*D8*CCYYMMDD~ (DTP03 = MSP Effective Date(s))
  LS*2120~
  NM1*PRP*2*ABC HEALTHPLAN~ (NM103 = MSP Name)
  N3*123 MAIN ST~ (N301 = MSP Street Address)
  N4*ANYTOWN*MD*999999999~ (N401 = MSP City, N402 = MSP State, N403 = MSP Zip)
  LE*2120~

For additional information, refer to Table 42.

8 Acknowledgements and Error Codes

Only one response will be sent for each 270 request that is submitted – a TA1, a 999, a 271, or a proprietary error message. There are no CMS reports regarding the 270/271 transactions available to Trading Partners.

8.1 TA1

The TA1 Interchange Acknowledgement is used by the HETS 270/271 application to communicate the rejection of a 270 request based on errors encountered with X12 compliance, formatting, or CMS specific requirements of the ISA/IEA Interchange segments. Following are examples of when a TA1 may be returned if one of the conditions listed below exists:

- A 270 request is received and the version of the transmission cannot be determined.
- A 270 request is received and the version of the transmission is unsupported by the HETS 270/271 application. This includes previously accepted versions that are no longer supported.
- The Trading Partner has not been authorized for the submitted X12 version.

8.2 999

The 999 Implementation Acknowledgement is used by the HETS 270/271 application to communicate the rejection of a 270 request based on errors encountered with X12 compliance, formatting, or CMS specific requirements within the data segments between the Functional Group Header (GS) and Functional Group Trailer (GE).

8.3 271

When the 270 request complies with the X12 standard syntax requirements and all additional formatting rules as specified by this Companion Guide, then a 271 response is returned to the Trading Partner. If no error exists, the Medicare Beneficiary eligibility data will be returned within the 271 response. Refer to Section 10.2 of this Companion Guide for more information.

The AAA error segment is utilized within the 271 response to communicate error conditions based on CMS business rules. The HETS 270/271 application will return the invalid or non-matching data element(s) from the 270 request for 2100C Loop AAA error codes 56, 58, 62, 71, 72, and 73. The AAA error codes are specified in Table 11.

Table 11 – AAA Error Codes

Loop	AAA01 Yes/ No Condition	AAA03 Reject Reason Code	AAA04 Follow-up Action Code
2100A	Yes	42 – When the system is unable to respond as a result of being unavailable or when a HIPAA compliant 271 cannot be formatted.	R
2100A	No	79 – When 2100A NM103 or NM109 Source identification is other than “CMS”.	C

Loop	AAA01 Yes/ No Condition	AAA03 Reject Reason Code	AAA04 Follow-up Action Code
2100B	No	41 – When the National Provider Identifier (NPI) located at 2100B NM109 is a valid FFS Medicare NPI and exists in HPG, but there is no current, valid relationship between the NPI and the provided HETS Submitter ID. Ensure that there is a relationship between your Submitter ID and the NPI in HPG.	C
2100B	No	43 – When the NPI located at 2100B NM109 is not a valid FFS Medicare provider or supplier or when 2100B NM101 is not equal to “IP”, “FA” or “80”. If you believe that the NPI is a valid FFS Medicare provider or supplier, contact your MAC for verification.	C
2100B	No	50 – When the NPI located at 2100B NM109 is a valid, FFS Medicare provider or supplier but is not currently eligible to verify Medicare eligibility in HETS. Contact MCARE for further information.	C
2100B	No	51 – When the NPI located at 2100B NM109 is not on file with HETS. Verify that the NPI is a valid FFS Medicare provider and ensure that the NPI is added to your Submitter ID via HPG.	C
2100C	No	56 – When the 270 2100C DTP02 = RD8 and DTP03 contains a date range with a “from date” that is greater than the “to date”.	C
2100C	No	58 – When the 270 2100C DMG02 element and NM104 element are both missing.	C
2100C	No	62 – When the 270 2100C DTP03 element request date is more than 27 months in the past, or more than 4 months in the future.	C
2100C	No	71 – When the 270 2100C DMG02 element does not match the Medicare Beneficiary DOB on the database.	C
2100C	No	72 – When the 270 2100C NM109 element is an invalid length, missing, or cannot be matched to any HICN on the database.	C
2100C	No	72 – When the 270 2100C NM109 element is an inactive HICN that is cross-referenced to a new, active HICN for the same Medicare Beneficiary.	C
2100C	No	73 – When the 270 2100C NM103 element is missing or the matching algorithm of the Medicare Beneficiary Last Name on the 270 request does not satisfy the matching algorithm of the Medicare Beneficiary Last Name in the database.	C
2100C	No	73 – When the 270 2100C NM104 element does not satisfy the matching algorithm of the Medicare Beneficiary First Name in the database.	C

8.4 Proprietary Error Message

Proprietary error messages will be sent only when the ISA segment of the 270 request cannot be read, making it impossible to formulate an ISA segment for a 271 response. The proprietary message will return error codes and descriptions. Trading Partners may contact MCARE for assistance with Proprietary Errors. The format for the proprietary messages is described in Table 12.

Table 12 – Proprietary Error Messages

Data Element	Description	Size	Comments
Transaction ID	Transaction ID	4	Data content will be “HETS”
Transaction Reference Number	Trace Identification Number or (ISA13)	30	
Date Stamp	System Date	8	CCYYMMDD
Time Stamp	System time	9	HHMMSSSSS
Response Code	ISA Formatting Error	2	“ I” – Incoming ISA cannot be read OR “D” – Delimiter cannot be identified
Message Code	Error Code	8	Error code, refer to Table 13 of this Companion Guide
Message Text Description	Error Descriptions	500	“ – *Message Text Description*”, refer to Table 13 of this Companion Guide

Table 13 describes the Proprietary Error Message Codes.

Table 13 – Proprietary Error Message Codes

Message Code	Message Text Description
HTS00101	Transmission Wrapper SOH (hex = 01) is invalid or missing
HTS00102	Transmission Wrapper STX (hex = 02) is invalid or missing
HTS00103	Transmission Wrapper ETX (hex = 03) is invalid or missing
HTS00104	Transmission Wrapper Length is missing or not numeric
HTS00105	Transmission Wrapper Length is greater than the Transmission Length
HTS00106	Transmission data is invalid or not ASCII
HTS00107	HIPAA 270 transaction does not start with ISA (Segment ID)
HTS00111	Transmission Inbound Message was empty
HTS00115	Interchange Error - Message specific to the condition will also be included in the error message description.
HTS00116	Syntax Error - Message specific to the condition will also be included in the error message description.
HTS00117	Transmission Error - Message specific to the condition will also be included in the error message description.

8.5 Common Error Processing for SOAP+WSDL and HTTP MIME/Multipart

The HETS 270/271 application will process SOAP and MIME transactions and return errors as described in this section.

8.5.1 HTTP Status and Error Codes

The processing and error codes for the HTTP layer are defined as part of the HTTP specifications: http://www.w3.org/Protocols/rfc2616/rfc2616-sec10.html. The intended use of these status and error codes in processing transactions is specified in Table 4.3.3.1 of the Phase II CORE 270: Connectivity Rule. This document is located at: http://www.caqh.org/pdf/CLEAN5010/270-v5010.pdf.

8.5.2 Envelope Processing Status and Error Codes

Table 14 describes envelope processing status and error codes specific to the HETS 270/271 application for SOAP and MIME transactions.

Table 14 – Envelope Processing Status and Errors

Error Code	Error Message
<FieldName>Illegal	Illegal value provided for <FieldName>.
<FieldName>Required	The field <FieldName> is required but was not provided.
VersionMismatch	The version of the envelope sent is not acceptable to the receiver.
Invalid Payload	Payload is invalid or does not start with ISA.
Success	Envelope was processed successfully.

8.5.3 SOAP-Specific Processing Errors

Table 15 describes examples of SOAP processing errors.

Table 15 – SOAP-Specific Processing Errors

Error Code	Error Message
nonconforming.content	No signature in message!
nonconforming.content	No signature in the WS-Security message for the configured SOAP actor/role
nonconforming.content	Unsupported or unrecognized Signature signer format in the message
nonconforming.content	*Certificate not found*
nonconforming.content	Illegal value provided for ProcessingMode
nonconforming.content	Found <Fieldnamevalue> (in default namespace), but next item should be <Fieldname>
env:Client	There was an error in the incoming SOAP request
env:Client	Processing Mode cannot be empty. Value expected is RealTime

8.5.4 MIME-Specific Processing Errors

Table 16 describes examples of MIME processing errors.

Table 16 – MIME-Specific Processing Errors

Error Code	Error Message
nonconforming.content	ProcessingMode value <FieldValue> is not a valid instance of type RealTimeMode
env:Client	ProcessingMode of type RealTimeMode may not be empty

8.5.5 SOAP and MIME Transaction Error Processing

Transaction processing errors, described in Sections 8.1 through 8.4 of this Companion Guide, will be returned as a SOAP message or MIME Multipart/form-data containing the related response. Refer to those sections for additional information.

9 Trading Partner Agreements

Trading Partner Registration is required to submit 270 requests to the HETS 270/271 application. Refer to Section 2.2 of this Companion Guide for information regarding registering as a Trading Partner.

The HETS 270/271 application will validate that the Clearinghouse or Provider has been established in the Trading Partner Management System (TPMS) prior to processing the 270 transaction. If the Trading Partner (ISA06) cannot be validated, the HETS 270/271 application will return a TA1 Interchange Acknowledgement.

Trading Partners may not send transactions to be executed as Usage Indicator (ISA15) = “P” until testing has been accomplished and approval to submit production transactions has been given. The HETS 270/271 application will return a TA105 = “020” error for an Invalid Test Indicator Value.

The Trading Partner Rules of Behavior are outlined within the Trading Partner Registration documentation. Please refer to Section 1.3 of this Companion Guide for links to these documents.

10 Transaction Specific Information

This section defines specific requirements that CMS requires over and above the standard information in the ASC X12 270/271 version 005010X279A1 TR3 referenced in Section 1.1 of this Companion Guide.

10.1 270 Eligibility Request Transaction

This section describes the values required by CMS in the 270 request. Any segments or elements not referenced in the following tables should be submitted on the 270 request as per the ASC X12 270/271 version 005010X279A1 TR3.

10.1.1 Information Source Level Structures

CMS will be the Information Source for all Medicare Eligibility Transactions. Table 17 defines specific requirements for the Header and Information Source data.

Table 17 – 270 Header and Information Source

Loop ID	Reference	Name	X12 Codes	Notes/Comments
	BHT	Beginning of Hierarchical Transaction		
	BHT02	Transaction Set Purpose Code	13	HETS does not support cancellations.
2100A	NM1	Information Source Name		
2100A	NM102	Entity Type Qualifier	2	HETS does not support individuals as information sources.

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2100A	NM103	Information Source Last or Organization Name	N/A	HETS always expects “CMS”.
2100A	NM109	Information Source Primary Identifier	N/A	HETS always expects “CMS”.

10.1.2 Information Receiver Level Structures

Trading Partners that submit transactions on behalf of a Provider must ensure that the correct, valid, and active Medicare Provider identification is submitted as the Information Receiver. Only National Provider Identifier (NPI) numbers are accepted. Table 18 defines specific requirements for the Information Receiver data.

Table 18 – 270 Information Receiver

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2100B	NM1	Information Receiver Name		
2100B	NM101	Entity Identifier Code	1P, 80, FA	HETS only sends responses for providers, hospitals and facilities.
2100B	NM109	Information Receiver Identification Number	N/A	The Medicare Enrolled Provider’s NPI number.

10.1.3 Subscriber Level Structures

Trading Partners must ensure that only one Medicare Beneficiary request is submitted in the Subscriber Level for each 270 request. Table 19 defines specific requirements for the Subscriber Level data.

Table 19 – 270 Subscriber

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2100C	NM1	Subscriber Name		
2100C	NM103	Subscriber Last Name		Last Name is required for Medicare Beneficiary Identification using the Primary or Alternate Search options.
2100C	NM104	Subscriber First Name		First name is required for Medicare Beneficiary Identification only when the Beneficiary’s date of birth is not submitted.
2100C	NM107	Subscriber Name Suffix		When the suffix is part of the Medicare Beneficiary’s Last Name on the Medicare card, the suffix is required for Last Name matching. For convenience, the Subscriber Name Suffix can also be appended to the Subscriber Last Name field to meet matching constraints.
2100C	NM109	Subscriber Primary Identifier		HICN is required for all Medicare Beneficiary Search options. This element must exactly match the ID on the patient’s Medicare card.

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2100C	DMG	Subscriber Demographic Information		
2100C	DMG02	Subscriber Birth Date		Date of Birth is required for Medicare Beneficiary Identification only when the Beneficiary's first name is not submitted.
2100C	DTP	Subscriber Date		
2100C	DTP01	Date Time Qualifier	291	
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
2110C	EQ01	Service Type Code		HETS will accept all X12 codes; however, only those codes specified by this Companion Guide will return explicit benefit information. All other X12 codes will return only the basic set of eligibility data.
2110C	EQ02	Composite Medical Procedure Identifier		HETS will accept all valid Procedure codes; however, only those codes specified by this Companion Guide will return explicit benefit information. HETS will respond to all other Procedure codes as if an STC 30 was requested..

10.2 271 Eligibility Response Transaction

This section describes the values returned by CMS in the 271 response. The following tables describe the CMS utilization of segments and elements when there is a type of uniqueness or restriction. All other values comply with the ASC X12 270/271 version 005010X279A1 TR3.

Table 20 – 271 Header and Information Source

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2100A	NM1	Information Source Name		
2100A	NM101	Entity Identifier Code	PR	
2100A	NM108	Identification Code Qualifier	PI	
2100A	NM109	Information Source Primary Identifier		HETS always returns "CMS".
2100A	PER	Information Source Contact Information		
2100A	PER03	Communication Number Qualifier	UR	
2100A	PER04	Information Source Communication Number		HETS always returns the Payer URL "http://www.cms.gov/HETSHelp/".

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2100A	PER05	Communication Number Qualifier	UR	
2100A	PER06	Information Source Communication Number		HETS always returns the Payer URL "http://www.cms.gov/center/provider.asp".

Table 21 – 271 Information Receiver

Loop ID	Reference	Name	X12 Codes	Notes/ Comments
2100B	NM1	Information Receiver Name		
2100B	NM101	Entity Identifier Code	1P, 80, FA	HETS only sends responses for providers, hospitals and facilities.
2100B	NM109	Information Receiver Identification Number		The Provider's assigned NPI number as submitted on the 270 request.

Table 22 – 271 Subscriber Demographic Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2000C	TRN	Subscriber Trace Number		
2000C	TRN01	Trace Type Code	2	
2100C	NM1	Subscriber Name		
2100C	NM103	Subscriber Last Name		If there are errors in the transaction, HETS will return the value from the 270. If a match is found, HETS will return the value from the CMS Eligibility Database.
2100C	NM104	Subscriber First Name		If there are errors in the transaction, HETS will return the value from the 270. If a match is found, HETS will return the value from the CMS Eligibility Database.
2100C	NM105	Subscriber Middle Initial		If there are errors in the transaction, HETS will return the value from the 270. If a match is found, HETS will return the value from the CMS Eligibility Database.
2100C	NM107	Subscriber Name Suffix		
2100C	NM109	Subscriber Primary Identifier		HETS returns the HICN submitted on the 270 request or the active cross-referenced HICN when an inactive HICN is submitted.
2100C	REF	Subscriber Additional Identification		A REF segment in the 2100C Loop is returned containing the HICN submitted on the 270 when an active/cross-referenced HICN is found and returned in the NM109.
2100C	REF01	Reference Identification Qualifier	Q4	This element is used to communicate the submitted HICN from the 270 request when a cross-referenced HICN is located.
2100C	REF02	Subscriber Supplemental Identifier		This element is used to communicate the submitted HICN from the 270 request when a cross-referenced HICN is located.
2100C	N3	Subscriber Address		

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2100C	N301	Subscriber Address Line		Medicare Beneficiary Address Line 1 or "Unknown" if any address lines are missing on the database.
2100C	N4	Subscriber City State Zip		
2100C	N401	Subscriber City Name		Medicare Beneficiary City Name or "Unknown" if any address lines are missing on the database.
2100C	N402	Subscriber State Code		Medicare Beneficiary State Code or "MD" if any address lines are missing on the database.
2100C	N403	Subscriber Postal Zone or Zip Code		Medicare Beneficiary Postal ZIP Code or "21244" if any address lines are missing on the database.
2100C	DTP	Subscriber Date		
2100C	DTP01	Date Time Qualifier	307 or 442	

Table 23 – Part D Plan Coverage

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Inquiry		
2110C	EB01	Eligibility or Benefit Information	1 or 6	This information will be returned if STC 30 or 88 is requested, an STC is not present or a Non-Supported STC is requested.
2110C	EB03	Service Type Code	88	This information will be returned if STC 30 or 88 is requested, an STC is not present or a Non-Supported STC is requested.

Table 24 – Part A and Part B Plan Level Eligibility

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		Refer to Section 7.2 for a list of Medicare Part A and Part B STCs supported by the HETS 270/271 application.
2110C	EB01	Eligibility or Benefit Information	1 or 6	
2110C	EB04	Insurance Type Code	MA or MB	EB04 will be omitted when requested dates are after a Beneficiary's Date of Death. When requested dates are during a period of Incarceration, Deportation or Alien Status, EB04 will be omitted only from the EB segment pertaining to the period of inactivity or ineligibility.
2110C	DTP	Subscriber Eligibility/Benefit Date		If multiple entitlement periods exist, HETS returns them in descending order – future, current, past. For inactive periods, the DTP segment will only be included for a specific date range.
2110C	DTP01	Date Time Qualifier	291	

Table 25 – 271 Part A and Part B Plan Level Deductible

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	EB	
2110C	EB01	Eligibility or Benefit Information	C	
2110C	EB04	Insurance Type Code	MA or MB	
2110C	EB06	Time Period Qualifier	23, 26, or 29	
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	Beginning of segment
2110C	DTP01	Date Time Qualifier	291 or 292	HETS returns "291" only when EB03 = "30"; otherwise, HETS returns "292".

Table 26 – 271 Part B Plan Level Coinsurance

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		Refer to Section 7.2 for a list of Medicare Part B STCs supported by the HETS 270/271 application.
2110C	EB01	Eligibility or Benefit Information	A	
2110C	EB04	Insurance Type Code	MB	
2110C	EB06	Time Period Qualifier	27	
2110C	DTP	Subscriber Eligibility/Benefit Date		

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	DTP01	Date Time Qualifier	291 or 292	HETS returns “291” when EB03 = “30” only; otherwise, HETS returns “292”.

Table 27 – 271 Part B Plan Level Deductible - Supported HCPCS Codes

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		Refer to Section 7.10 for a list of Medicare Preventive HCPCS supported by the HETS 270/271 application.
2110C	EB01	Eligibility or Benefit Information	C	Preventive Services EB Loop(s)
2110C	EB04	Insurance Type Code	MB	
2110C	EB06	Time Period Qualifier	23 or 29	
2110C	EB13-1	Product or Service ID Qualifier	HC	
2110C	EB13-2	Procedure Code		HCPCS Code
2110C	DTP	Subscriber Eligibility/Benefit Date		
2110C	DTP01	Date Time Qualifier	292	
2110C	DTP03	Eligibility or Benefit Date Time Period		HETS returns the calendar year of the system date of receipt of the 270 request

Table 28 – 271 Part B Plan Level Coinsurance - Supported HCPCS Codes

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		Refer to Section 7.10 for a list of Medicare Preventive HCPCS supported by the HETS 270/271 application.
2110C	EB01	Eligibility or Benefit Information	A	Preventive Services EB Loop(s)
2110C	EB04	Insurance Type Code	MB	
2110C	EB06	Time Period Qualifier	27	
2110C	EB13-1	Product or Service ID Qualifier	HC	
2110C	EB13-2	Procedure Code		HCPCS Code
2110C	DTP	Subscriber Eligibility/Benefit Date		
2110C	DTP01	Date Time Qualifier	292	
2110C	DTP03	Eligibility or Benefit Date Time Period		HETS returns the calendar year of the system date of the receipt of the 270 request

Table 29 – 271 Part A Hospital and SNF Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		Part A Days Allowed Per Spell Loop This loop will repeat for every Part A Spell returned and for each calendar year included in the Plan dates from the 270. Information in this table is for STCs “48”, “49”, “AG”, “A5”, and “A7”. If STC “47” is requested, the HETS 270/271 application will return information for STCs “48” and “49”. Refer to Section 7.2 for more information.
2110C	EB01	Eligibility or Benefit Information	B	
2110C	EB04	Insurance Type Code	MA	
2110C	EB06	Time Period Qualifier	7	
2110C	HSD	Health Care Services Delivery		Hospital Days Base
2110C	HSD03	Unit or Basis for Measurement Code	DA	
2110C	HSD05	Time Period Qualifier	30 or 31	
2110C	HSD	Healthcare Services Delivery		Hospital Episodes
2110C	HSD05	Time Period Qualifier	26	
2110C	DTP	Subscriber Eligibility/Benefit Date		
2110C	DTP01	Date Time Qualifier	435	
2110C	EB	Subscriber Eligibility or Benefit Information		Part A Days Remaining Per Spell Loop This loop will repeat for every Part A Spell returned and for each calendar year included in the Plan dates from the 270.
2110C	EB01	Eligibility or Benefit Information	B	
2110C	EB03	Service Type Code	30	
2110C	EB04	Insurance Type Code	MA	
2110C	EB06	Time Period Qualifier	7	
2110C	HSD	Health Care Services Delivery		Hospital Days Remaining
2110C	HSD03	Unit or Basis for Measurement Code	DA	
2110C	HSD05	Time Period Qualifier	29	
2110C	HSD	Health Care Services Delivery		Hospital Episodes
2110C	HSD05	Time Period Qualifier	26	
2110C	DTP	Subscriber Eligibility/Benefit Date		DOEBA and DOLBA are related to a single Inpatient Spell and NOT to the individual general benefit.
2110C	DTP01	Date Time Qualifier	435	
2110C	EB	Subscriber Eligibility or Benefit Information		SNF Days Allowed Per Spell Loop This loop will repeat for every Part A Spell returned and for each calendar year included in the Plan dates from the 270.
2110C	EB01	Eligibility or Benefit Information	B	

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB03	Service Type Code	AG	
2110C	EB04	Insurance Type Code	MA	
2110C	EB06	Time Period Qualifier	7	
2110C	HSD	Health Care Services Delivery	HSD	SNF Days Base
2110C	HSD03	Unit or Basis for Measurement Code	DA	
2110C	HSD05	Time Period Qualifier	30 or 31	
2110C	HSD	Health Care Services Delivery		SNF Episodes
2110C	HSD05	Time Period Qualifier	26	
2110C	DTP	Subscriber Eligibility/Benefit Date		
2110C	DTP01	Date Time Qualifier	435	N/A
2110C	EB	Subscriber Eligibility or Benefit Information		SNF Days Remaining Per Spell Loop This loop will repeat for every Part A Spell returned and for each calendar year included in the Plan dates from the 270.
2110C	EB01	Eligibility or Benefit Information	B	
2110C	EB03	Service Type Code	AG	
2110C	EB04	Insurance Type Code	MA	
2110C	EB06	Time Period Qualifier	7	
2110C	HSD	Health Care Services Delivery		
2110C	HSD03	Unit or Basis for Measurement Code	DA	
2110C	HSD05	Time Period Qualifier	29	
2110C	HSD	Health Care Services Delivery	HSD	SNF Episodes
2110C	HSD05	Time Period Qualifier	26	
2110C	DTP	Subscriber Eligibility/Benefit Date	DTP	DOEBA and DOLBA are related to a single Inpatient Spell and NOT to the individual general benefit.
2110C	DTP01	Date Time Qualifier	435	
2110C	EB	Subscriber Eligibility or Benefit Information	EB	Lifetime Reserve Base or Remaining Days Loop This loop will repeat for each calendar year included in the Plan dates from the 270.
2110C	EB01	Eligibility or Benefit Information	K	
2110C	EB03	Service Type Code	30	
2110C	EB04	Insurance Type Code	MA	
2110C	EB06	Time Period Qualifier	32 or 33	
2110C	EB09	Quantity Qualifier	DY	
2110C	EB	Subscriber Eligibility or Benefit Information		Lifetime Reserve Copayment per Day Amount Loop This loop will repeat for each calendar year included in the Plan dates from the 270.
2110C	EB01	Eligibility or Benefit Information	K	
2110C	EB03	Service Type Code	30	
2110C	EB04	Insurance Type Code	MA	

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB06	Time Period Qualifier	7	
2110C	DTP	Subscriber Eligibility/Benefit Date		
2110C	DTP01	Date Time Qualifier	435	
2110C	EB	Subscriber Eligibility or Benefit Information	EB	Psychiatric Limitation Days Loop This loop will repeat for each calendar year included in the Plan dates from the 270.
2110C	EB01	Eligibility or Benefit Information	K	
2110C	EB03	Service Type Code	A7	
2110C	EB04	Insurance Type Code	MA	
2110C	EB06	Time Period Qualifier	32 or 33	
2110C	EB09	Quantity Qualifier	DY	

Table 30 – 271 Home Health Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		Home Health Loop Information in this table will be returned on the 271 response when STC “42” is submitted on a 270 request. Home Health Data will be returned only for episodes with end dates.
2110C	EB01	Eligibility or Benefit Information	X	
2110C	EB06	Time Period Qualifier	26	
2110C	DTP	Subscriber Eligibility/Benefit Date		
2110C	DTP01	Date Time Qualifier	472, 193 or 194	HETS returns “472” for Home Health Start and End Dates; HETS returns “193” for DOEBA and “194” for DOLBA.
2120C	NM1	Subscriber Benefit Related Entity Name		
2120C	NM101	Entity Identifier Code	PR	
2120C	NM102	Entity Type Qualifier	2	
2120C	NM103	Benefit Related Entity Last or Organization Name		HETS returns “Cahaba GBA”, “National Government Services, Inc.”, “National Heritage Insurance Company”, “Palmetto GBA”, or “United Government Services, CA”.
2120C	NM108	Identification Code Qualifier	PI	
2120C	NM109	Benefit Related Entity Identifier		HETS returns 00011, 00180, 00380, 00450, 00454, 00456,06001, 06004,06014,11004, 14004,14014 or 15004
2120C	NM1	Subscriber Benefit Related Entity Name		
2120C	NM101	Entity Identifier Code	1P	
2120C	NM108	Identification Code Qualifier	XX	

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		Home Health Certification Loop
2110C	EB01	Eligibility or Benefit Information	X	
2110C	EB13	Composite Medical Procedure Identifier	HC| G0180	HETS returns “HC|G0180” to indicate Home Health Certification.
2110C	DTP	Subscriber Eligibility/Benefit Date		
2110C	DTP01	Date Time Qualifier	193	HH Certification date
2110C	EB	Subscriber Eligibility or Benefit Information		Home Health Recertification Loop
2110C	EB01	Eligibility or Benefit Information	X	
2110C	EB13	Composite Medical Procedure Identifier	HC| G0179	HETS returns “HC|G0179” to indicate Home Health Recertification.
2110C	DTP	Subscriber Eligibility/Benefit Date		
2110C	DTP01	Date Time Qualifier	193	HH Recertification date

Table 31 – 271 Preventive Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		Preventive Services Loop(s) Refer to Section 7.10 for a list of Medicare Preventive HCPCS supported by the HETS 270/271 application.
2110C	EB01	Eligibility or Benefit Information	D	
2110C	EB04	Insurance Type Code	MB	
2110C	EB13-1	Product or Service ID Qualifier	HC	
2110C	EB13-3	Procedure Modifier	26 or TC	HETS returns “26” or “TC”. HETS will omit EB13-3 if the dates of the HCPCS professional and technical components are the same.
2110C	DTP	DTP		
2110C	DTP01	Date Time Qualifier	348	

Table 32 – 271 Smoking/Tobacco Cessation Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		Smoking/Tobacco Cessation Sessions Remaining Loop Information in this table will be returned on the 271 response when STC "67" is submitted on a 270 request. Smoking Cessation Counseling Sessions Remaining will be returned when the Beneficiary is eligible for Smoking Cessation Counseling with no waiting period; next eligible date will not be returned.
2110C	EB01	Eligibility or Benefit Information	F	
2110C	EB04	Insurance Type Code	MB	
2110C	EB06	Time Period Qualifier	22	
2110C	EB09	Quantity Qualifier	VS	
2110C	HSD	Health Care Services Delivery		
2110C	HSD01	Quantity Qualifier	VS	
2110C	EB	Subscriber Eligibility or Benefit Information		Smoking/Tobacco Cessation Next Eligible Date Loop Smoking/Tobacco Cessation Counseling Next Eligible Date will be returned when no Smoking/Tobacco Cessation Counseling sessions remain; sessions remaining will not be returned. Refer to Section 7.11.
2110C	EB01	Eligibility or Benefit Information	F	
2110C	EB04	Insurance Type Code	MB	
2110C	EB06	Time Period Qualifier	22	
2110C	EB09	Quantity Qualifier	VS	
2110C	DTP	Subscriber Eligibility/Benefit Date		
2110C	DTP01	Date Time Qualifier	348	

Table 33 – 271 Therapy Services Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		Occupational Therapy Service Loop Refer to Section 7.12 for a list of Medicare Preventive HCPCS supported by the HETS 270/271 application. Information in this section will be returned on the 271 response when STC “AD” is submitted on a 270 request.
2110C	EB01	Eligibility or Benefit Information	D	
2110C	EB04	Insurance Type Code	MB	
2110C	EB07	Benefit Amount		HETS returns the Occupational Therapy Used Amount.
2110C	DTP	Subscriber Eligibility/Benefit Date		
2110C	DTP01	Date Time Qualifier	292	
2110C	MSG	Message Text		
2110C	MSG01	Free-form Message Text		HETS returns “Used Amount”.
2110C	EB	Subscriber Eligibility or Benefit Information		Physical/Speech Therapy Used Loop Information in this section will be returned on the 271 response when STC “AE” and/or “AF” are submitted on a 270 request.
2110C	EB01	Eligibility or Benefit Information	D	
2110C	EB03	Service Type Code	AE	HETS always returns “AE” regardless of whether “AE”, “AF”, or “AE/AF” is requested.
2110C	EB04	Insurance Type Code	MB	
2110C	EB07	Benefit Amount		HETS returns the combined Physical/Speech Therapy Used Amount.
2110C	DTP	Subscriber Eligibility/Benefit Date		
2110C	DTP01	Date Time Qualifier	292	
2110C	MSG	Message Text		
2110C	MSG01	Free-form Message Text		HETS returns “Used Amount”.

Table 34 – 271 Pulmonary Rehabilitation Services

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		Pulmonary Rehabilitation Loop Refer to Section 7.13 for a list of Medicare Preventive HCPCS supported by the HETS 270/271 application. Information in this table will be returned on the 271 response when STC “BF” is submitted on a 270 request.

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB01	Eligibility or Benefit Information	F	
2110C	EB04	Insurance Type Code	MB	
2110C	EB06	Time Period Qualifier	29	
2110C	EB09	Quantity Qualifier	CA	
2110C	EB10	Quantity		HETS returns the number of Pulmonary Rehabilitation sessions remaining.
2110C	MSG	Message Text		
2110C	MSG01	Free-form Message Text		HETS returns “Professional” or “Technical”.

Table 35 – 271 Cardiac Rehabilitation Services

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		Cardiac Rehabilitation Loop Refer to Section 7.14 for a list of Medicare Preventive HCPCS supported by the HETS 270/271 application. Information in this table will be returned on the 271 response when STC “BG” is submitted on a 270 request.
2110C	EB01	Eligibility or Benefit Information	F	
2110C	EB04	Insurance Type Code	MB	
2110C	EB09	Quantity Qualifier	99	
2110C	EB10	Quantity		HETS returns the number of Cardiac Rehabilitation sessions used.
2110C	MSG	Message Text		
2110C	MSG01	Free-form Message Text		HETS returns “Professional” or “Technical”.

Table 36 – 271 Intensive Cardiac Rehabilitation Services

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		Intensive Cardiac Rehabilitation Loop Refer to Section 7.14 for a list of Medicare Preventive HCPCS supported by the HETS 270/271 application. Information in this table will be returned on the 271 response when STC “BG” is submitted on a 270 request.
2110C	EB01	Eligibility or Benefit Information	F	
2110C	EB04	Insurance Type Code	MB	
2110C	EB09	Quantity Qualifier	99	
2110C	EB10	Quantity		HETS returns the number of Intensive Cardiac Rehabilitation sessions used.
2110C	MSG	Message Text		

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	MSG01	Free-form Message Text		HETS returns “Intensive Cardiac Rehabilitation-Professional” or “Intensive Cardiac Rehabilitation-Technical”.

Table 37 – 271 ESRD Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		ESRD Loop Information in this table will be returned on the 271 response when STC “14” or “15” is submitted on a 270 request. Refer to Section 7.15
2110C	EB01	Eligibility or Benefit Information	D	
2110C	EB04	Insurance Type Code	MA or MB	HETS returns “MA” when EB03 = “14”; HETS returns “MB” when EB03 = “15”.
2110C	DTP	Subscriber Eligibility/Benefit Date		
2110C	DTP01	Date Time Qualifier	356 or 096	HETS returns “356” for the ESRD Effective Date; HETS returns “096” for the Transplant Discharge Date.

Table 38 – 271 Hospice Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		Hospice Loop Information in this table will be returned on the 271 response when STC “45” is submitted on a 270 request. Refer to Section 7.16.
2110C	EB01	Eligibility or Benefit Information	X	
2110C	EB04	Insurance Type Code	MA	
2110C	EB06	Time Period Qualifier	26	
2110C	DTP	Subscriber Eligibility/Benefit Date		
2110C	DTP01	Date Time Qualifier	292	
2110C	MSG	Message Text		
2110C	MSG01	Free-form Message Text	N/A	HETS returns “Revocation code – [Revocation code value]”. Revocation code values returned are: 0, 1, 2, or 3.
2120C	NM1	Subscriber Benefit Related Entity Name		Hospice Periods Occurrence Loop
2120C	NM101	Entity Identifier Code	1P	
2120C	NM102	Entity Type Qualifier	2	
2120C	NM108	Identification Code Qualifier	XX	
2110C	EB	Subscriber Eligibility or Benefit Information		

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB01	Eligibility or Benefit Information	D	
2110C	EB04	Insurance Type Code	MA	
2110C	EB06	Time Period Qualifier	26	
2110C	EB09	Quantity Qualifier	99	
2110C	EB10	Quantity		HETS returns the Lifetime Hospice Period Occurrence Count.

Table 39 – 271 Blood Deductible Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		Blood Deductible Loop Information in this table will be returned on the 271 response when STC “10” is submitted on a 270 request. Refer to Section 7.17.
2110C	EB01	Eligibility or Benefit Information	E	
2110C	EB03	Service Type Code	10	
2110C	EB06	Time Period Qualifier	23	
2110C	EB09	Quantity Qualifier	DB	
2110C	EB10	Benefit Quantity	N/A	HETS returns the base number of Blood Deductible units.
2110C	HSD	Health Care Services Delivery		
2110C	HSD01	Quantity Qualifier	FL	
2110C	HSD02	Quantity	N/A	HETS returns the number of Blood Deductible Units Remaining.
2110C	HSD05	Time Period Qualifier	29	
2110C	DTP	Subscriber Eligibility/Benefit Date		
2110C	DTP01	Date Time Qualifier	292	

Table 40 – 271 Part D Enrollment Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		Part D Enrollment Loop Information in this table will be returned on the 271 response when STC “88” is submitted on a 270 request. Refer to Section 7.18.
2110C	EB01	Eligibility or Benefit Information	R	
2110C	REF	Subscriber Additional Identification		
2110C	REF01	Reference Identification Qualifier	18	
2110C	REF02	Subscriber Eligibility or Benefit Identifier		HETS returns the Contract Number and Plan Number separated by a space. If a Plan Number is unavailable, HETS only returns the Contract Number.

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	DTP	Subscriber Eligibility/Benefit Date		
2110C	DTP01	Date Time Qualifier	292	
2120C	NM1	Subscriber Benefit Related Entity Name		
2120C	NM101	Entity Identifier Code	PR	
2120C	NM102	Entity Type Qualifier	2	
2120C	N301	Benefit Related Entity Address Line		Medicare Insurer Address Line 1 if valid, otherwise not sent.
2120C	N302	Benefit Related Entity Address Line		Medicare Insurer Address Line 2 if valid, otherwise not sent.
2120C	N401	Benefit Related Entity City Name		Medicare Insurer City Name or “Baltimore” if any address lines are missing on the database.
2120C	N402	Benefit Related Entity State Code		Medicare Insurer State Code or “MD” if any address lines are missing on the database.
2120C	N403	Benefit Related Entity Postal Zone or Zip Code		Medicare Insurer Postal ZIP Code or “21244” if any address lines are missing on the database.
2120C	PER	Subscriber Benefit Related Entity Contact Information		HETS returns the telephone number or website address in the PER03 and PER04 elements when the Part D plan has only a telephone number or only a website address. If neither exists, then HETS does not return the PER segment.

Table 41 – 271 Medicare Advantage (MA) Enrollment Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		MA Loop Information in this table will be returned on the 271 response when STC “30” is submitted on a 270 request. Refer to Section 7.19.
2110C	EB01	Eligibility or Benefit Information	R	
2110C	EB04	Insurance Type Code	HM, HN, IN, PR, or PS	
2110C	REF	Subscriber Additional Identification		
2110C	REF01	Reference Identification Qualifier	18	
2110C	REF02	Subscriber Eligibility or Benefit Identifier		HETS returns the Contract Number and Plan Number, separated by a space. If a Plan Number is unavailable, HETS returns only the Contract Number.
2110C	DTP	Subscriber Eligibility/Benefit Date		
2110C	DTP01	Date Time Qualifier	290	
2110C	MSG	Message Text		

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	MSG01	Free Form Message Text		HETS returns “MCO Bill Option Code – [code value]”. Code values returned are: A, B, C, 1 or 2.
2120C	NM1	Benefit Related Entity Name		
2120C	NM101	Entity Identifier Code	PR or PRP	
2120C	NM102	Entity Type Qualifier	2	
2120C	NM103	Benefit Related Entity Last or Organization Name		HETS returns the MA Insurer Name.
2120C	N3	Benefit Related Entity Address		
2120C	N301	Benefit Related Entity Address Line		MA Address Line 1 if valid, otherwise not sent.
2120C	N302	Benefit Related Entity Address Line		MA Address Line 2 if valid, otherwise not sent.
2120C	N4	Benefit Related Entity City State Zip		
2120C	N401	Benefit Related Entity City Name		MA City if valid, otherwise not sent.
2120C	N402	Benefit Related Entity State Code		MA State Code
2120C	N403	Benefit Related Entity Postal Zone or Zip Code		MA ZIP Code
2120C	PER	Benefit Related Entity Contact Information		HETS returns the telephone number or website address in the PER03 and PER04 elements when the MA plan has only a telephone number or only a website address. If neither exists, then HETS does not return the PER segment.

Table 42 – 271 Medicare Secondary Payer (MSP) Enrollment Data

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information		MSP Loop Information in this table will be returned on the 271 response when STC “30” is submitted on a 270 request.
2110C	EB01	Eligibility or Benefit Information	R	N/A
2110C	EB04	Insurance Type Code		HETS returns codes: 12, 13, 14, 15, 16, 41, 42, 43, 47, or WC
2110C	REF	Subscriber Additional Identification		
2110C	REF01	Reference Identification Qualifier	IG	
2110C	REF02	Subscriber Eligibility or Benefit Identifier		HETS returns the MSP Policy Number.
2110C	DTP	Subscriber Eligibility/Benefit Date		
2110C	DTP01	Date Time Qualifier	290	

Loop ID	Reference	Name	X12 Codes	Notes/Comments
2120C	NM1	Benefit Related Entity Name		
2120C	NM101	Entity Identifier Code	PRP	
2120C	NM102	Entity Type Qualifier	2	
2120C	NM103	Benefit Related Entity Last or Organization Name		HETS returns the Primary Insurer Name.
2120C	N3	Benefit Related Entity Address	N3	Beginning of segment
2120C	N301	Benefit Related Entity Address Line		Primary Insurer Address Line 1 if valid, otherwise not sent.
2120C	N302	Benefit Related Entity Address Line		Primary Insurer Address Line 2 if valid, otherwise not sent.
2120C	N4	Benefit Related Entity City State Zip		
2120C	N401	Benefit Related Entity City Name		Primary Insurer City if valid, otherwise not sent.
2120C	N402	Benefit Related Entity State Code		Primary Insurer State Code
2120C	N403	Benefit Related Entity Postal Zone or Zip Code		Primary Insurer ZIP Code

Appendix A – Sample 270 Eligibility Request Transaction

This example includes the minimum required data elements for a HETS 270 request. Additional data may be provided but will not affect the 271 response.

Sample 270 Eligibility Request

□0000000504□
ISA*00* *00* *ZZ*SUBMITTERID *ZZ*CMS *130831*0734*^*00501*000005014*1*P*|~
GS*HS*SUBMITTERID*CMS*20130831*073411*5014*X*005010X279A1~
ST*270*000000001*005010X279A1~
BHT*0022*13*TRANSA*20130831*073411~
HL*1**20*1~
NM1*PR*2*CMS*****PI*CMS~
HL*2*1*21*1~
NM1*80*2*IRNAME*****XX*1234567893~
HL*3*2*22*0~
TRN*1*TRACKNUM*ABCDEFGHIJ~
NM1*IL*1*LNAME*FNAME*****MI*123456789A~
DMG*D8*19400401~
DTP*291*RD8* 20130201-20131031~
EQ*10^14^30^42^45^48^67^A7^AD^AE^AG^BF^BG~
EQ**HC|80061~
EQ**HC|G0117~
SE*16*000000001~
GE*1*5014~
IEA*1*00005014~
□

Appendix B – Sample 271 Eligibility Response

Not all of the information presented in this example will be present on every HETS 271 response. This example is for illustrative purposes only and shows the various eligibility information that a 271 response may contain, including Part A, Part B, SNF, Hospital, Preventive, Smoking Cessation, Blood Deductible, Hospice, MSP, Home Health, Medicare Advantage, Part D, Inactive Periods, Preventive HCPCS, Rehabilitation, and Occupational, Physical, & Speech Therapies.

Sample 271 Eligibility Response:

```
□0000005649□
ISA*00*          *00*          *ZZ*CMS          *ZZ*SUBMITTERID    *130831*0758*^*00501*111111111*0*P*|~
GS*HB*CMS*SUBMITTERID*20130831*07580000*1*X*005010X279A1~
ST*271*0001*005010X279A1~
BHT*0022*11*TRANSA*20130831*07582355~
HL*1**20*1~
NM1*PR*2*CMS*****PI*CMS~
PER*IC**UR*http://www.cms.gov/HETSHelp/*UR*http://www.cms.gov/center/provider.asp~
HL*2*1*21*1~
NM1*1P*2*IRNAME*****XX*1234567893~
HL*3*2*22*0~
TRN*2*TRACKNUM*ABCDEFGHIJ~
NM1*IL*1*LNAME*FNAME*M***MI*123456789A~
N3*ADDRESSLINE1*ADDRESSLINE2~
N4*CITY*ST*ZIPCODE~
DMG*D8*19400401*F~
DTP*307*RD8*20130201-20131031~
EB*6**30~
DTP*307*RD8*20130301-20130503~
EB*I**41^54~
EB*1**88~
EB*1**30^10^42^45^48^49^69^76^83^A5^A7^AG^BT^BU^BV*MA~
DTP*291*D8*20050401~
EB*C**30*MA**26*1184~
DTP*291*RD8*20130101-20131231~
EB*C**30*MA**29*1184~
DTP*291*RD8*20130101-20131231~
EB*C**30*MA**29*0~
DTP*291*RD8*20130514-20130520~
EB*C**42^45*MA**26*0~
DTP*292*RD8*20130101-20131231~
EB*B**30*MA**7*0~
HSD***DA**30*0~
HSD***DA**31*60~
HSD*****26*1~
DTP*435*RD8*20130101-20131231~
EB*B**30*MA**7*296~
HSD***DA**30*60~
HSD***DA**31*90~
```

HSD*****26*1~
DTP*435*RD8*20130101-20131231~
EB*B**30*MA**7*0~
HSD***DA**29*60~
HSD*****26*1~
DTP*435*RD8*20130101-20131231~
EB*B**30*MA**7*296~
HSD***DA**29*30~
HSD*****26*1~
DTP*435*RD8*20130101-20131231~
EB*B**30*MA**7*0~
HSD***DA**29*56~
HSD*****26*1~
DTP*435*RD8*20130514-20130520~
EB*B**30*MA**7*296~
HSD***DA**29*30~
HSD*****26*1~
DTP*435*RD8*20130514-20130520~
EB*B**AG*MA**7*0~
HSD***DA**30*0~
HSD***DA**31*20~
HSD*****26*1~
DTP*435*RD8*20130101-20131231~
EB*B**AG*MA**7*148~
HSD***DA**30*20~
HSD***DA**31*100~
HSD*****26*1~
DTP*435*RD8*20130101-20131231~
EB*B**AG*MA**7*0~
HSD***DA**29*20~
HSD*****26*1~
DTP*435*RD8*20130101-20131231~
EB*B**AG*MA**7*148~
HSD***DA**29*80~
HSD*****26*1~
DTP*435*RD8*20130101-20131231~
EB*B**AG*MA**7*0~
HSD***DA**29*16~
HSD*****26*1~
DTP*435*RD8*20130514-20130520~
EB*B**AG*MA**7*148~
HSD***DA**29*80~
HSD*****26*1~
DTP*435*RD8*20130514-20130520~
EB*K**30*MA**32***DY*60~
EB*K**30*MA**33***DY*58~
EB*K**30*MA**7*592~
DTP*435*RD8*20130101-20131231~
EB*K**A7*MA**32***DY*190~
EB*K**A7*MA**33***DY*180~
EB*1**30^2^3^5^10^14^23^24^25^26^27^28^33^36^37^38^39^40^42^50^51^52^53^67^69^73^76^83^86^98^A4^A6^
A8^AD^AE^AF^AI^AJ^AK^AL^BF^BG^BT^BU^BV^DM^UC*MB~

DTP*291*D8*20050401~
EB*C**30*MB**23*147~
DTP*291*RD8*20130101-20131231~
EB*C**30*MB**29*0~
DTP*291*RD8*20130101-20131231~
EB*A**30*MB**27**.2~
DTP*291*RD8*20130101-20131231~
EB*A**5^42^67^AJ*MB**27**0~
DTP*292*RD8*20130101-20131231~
EB*A**A4^A6^A8^AI^AK*MB**27**.35~
DTP*292*RD8*20130101-20131231~
EB*C**5^42^67^AJ*MB**23*0~
DTP*292*RD8*20130101-20131231~
EB*C***MB**23*0******HC|80061~
DTP*292*RD8*20130101-20131231~
EB*C***MB**23*147******HC|G0117~
DTP*292*RD8*20130101-20131231~
EB*C***MB**29*0******HC|G0117~
DTP*292*RD8*20130101-20131231~
EB*A***MB**27**0*****HC|80061~
DTP*292*RD8*20130101-20131231~
EB*A***MB**27**.2*****HC|G0117~
DTP*292*RD8*20130101-20131231~
EB*D***MB*********HC|80061~
DTP*348*D8*20130105~
EB*D***MB*********HC|G0117~
DTP*348*D8*20120107~
EB*F**67*MB**22***VS*8~
HSD*VS*6***29~
EB*D**AD*MB***200~
DTP*292*RD8*20130101-20131231~
MSG*USED AMOUNT~
EB*D**AE*MB***0~
DTP*292*RD8*20130101-20131231~
MSG*USED AMOUNT~
EB*F**BF*MB**29***CA*72~
MSG*Professional~
EB*F**BF*MB**29***CA*72~
MSG*Technical~
EB*F**BG*MB*****99*0~
MSG*Professional~
EB*F**BG*MB*****99*0~
MSG*Technical~
EB*F**BG*MB*****99*15~
MSG*Intensive Cardiac Rehabilitation – Professional~
EB*F**BG*MB*****99*15~
MSG*Intensive Cardiac Rehabilitation – Technical~
EB*X**42***26~
DTP*472*RD8*20120522-20120729~
LS*2120~
NM1*PR*2*ORGNAME*****PI*CONTR~
NM1*1P*2******XX*1234567890~

LE*2120~
EB*X**********HC|G0180~
DTP*193*D8*20130201~
DTP*193*D8*20120804~
EB*X**********HC|G0179~
DTP*193*D8*20120401~
EB*X**45*MA**26~
DTP*292*RD8*20130505-20130514~
MSG*Revocation Code – 1~
LS*2120~
NM1*1P*2******XX*1234567890~
LE*2120~
EB*D**45*MA**26***99*1~
EB*D**14*MB~
DTP*356*D8*20100601~
DTP*096*D8*20120105~
EB*E**10***23***DB*3~
HSD*FL*2***29~
DTP*292*RD8*20130101-20131231~
EB*R**88*OT~
REF*18*S0000 999~
DTP*292*D8*20120101~
LS*2120~
NM1*PRP*2*ORGNAME~
N3*ADDRESSLINE1*ADDRESSLINE2~
N4*CITY*ST*ZIPCODE~
PER*IC**TE*AAABBBCCCC*UR*www.website.com~
LE*2120~
EB*R**30*IN~
REF*18*H0000 999~
DTP*290*D8*20090101~
MSG*MCO Bill Option Code- C~
LS*2120~
NM1*PRP*2*ORGNAME~
N3*ADDRESSLINE1*ADDRESSLINE2~
N4*CITY*ST*ZIPCODE~
PER*IC**TE*AAABBBCCCC*UR*www.website.com~
LE*2120~
EB*R**30*13~
REF*IG*POLICYNUMBER~
DTP*290*RD8*20110601-20130601~
LS*2120~
NM1*PRP*2*ORGNAME~
N3*ADDRESSLINE1*ADDRESSLINE2~
N4*CITY*ST*ZIPCODE~
LE*2120~
SE*233*0001~
GE*1*1~
IEA*1*111111111~
□

Appendix C – Acronyms

Table 43 presents a list of acronyms that are used in this document.

Table 43 – Acronyms

Acronym	Definition
ASC	Accredited Standards Committee
CMS	Centers for Medicare & Medicaid Services
DOB	Date of Birth
DOEBA	Date of Earliest Billing Activity
DOLBA	Date of Latest Billing Activity
EDI	Electronic Data Interchange
ESRD	End Stage Renal Disease
HCPCS	Healthcare Common Procedure Coding System
HETS	HIPAA Eligibility Transaction System
HICN	Health Insurance Claim Number
HIPAA	Health Insurance Portability and Accountability Act of 1996
HMO	Health Maintenance Organization
HTTP	Hypertext Transfer Protocol
IP	Internet Protocol
MA	Medicare Advantage
MAC	Medicare Administrative Contractor
MCARE	Medicare Customer Assistance Regarding Eligibility
MIME	Multipurpose Internet Mail Extensions
MSP	Medicare Secondary Payer
NPI	National Provider Identifier
POS	Point of Service
PPO	Preferred Provider Organization
RRB	Railroad Retirement Board
SNF	Skilled Nursing Facility
SOAP	Simple Object Access Protocol
STC	Service Type Code
TCP	Transmission Control Protocol
TPMS	Trading Partner Management System
TR3	ASC X12 270/271 Implementation Guide. Formerly known as the IG.
WSDL	Web Services Description Language
XML	Extensible Markup Language

Appendix D – Revision History

Table 44 provides a summary of changes made to this document.

Table 44 – Document Revision History

Version	Date	Description of Changes
9-0	12/30/2013	Updates for X12 verbiage
8-1	10/15//2013	Changes include: Table 31- Added new HH+H numbers 06001, 06014 Table 27 and Section 7.7.1- Updated DTP to be 291 for Plan Level Part B Coinsurance.
8-0	7/18/2013	2013Q400 Changes include: Section 2.2- Updated wording Figure2- Removed URLs Table 2 and 4 - Updated Sender ID and payload Section 4.3 - Updated wording Section 7.2- Updated bullets for coinsurance Table 10- Updated the example Section 7.6- Updated the examples Section 7.7.1 – Updated bullets for coinsurance Section 7.8 – Updated for psych data and updated examples Section 7.16 – Updated for Hospice Occurrences and updated examples Table 27 and 30 – Updated EB03 Table 31- Added new HH+H numbers 06004, 14014 Table 39 –Updated for Hospice Occurrence Updated Appendix A and B for Coinsurance, Psych data and Hospice Occurrence
7-4	4/30/2013	Corrected delimiter in Appendix A example
7-3	04/08/2013	Changes include: Section 7.2- Updated the bullets for STC= 30.
7-2	04/1/2013	Changes Include: Section 7.2 – Added bullets for HCPCS, updated “child” component bullet for DOD. Section 7.5 – Updated EB01 = “6” bullet and example. Section 7.7 – Updated for HCPCS financials business rules. Section 7.10 – Removed G0442/0443 and added bullet for modifier and Professional/Technical Section 7.11 – Added bullet for base/remaining sessions = 8 Table 22 – Updated address elements for missing data. Added new tables 28 and 29 for HCPCS Deductible and Coinsurance information. Appendix A and B – Updated the 270/271 examples.
7-1	03/06/2013	Changes include: Section 4.3.2.4 – Updated URL for SOAP transactions. Section 4.3.3.1 – Updated URL for MIME transactions.
7-0	02/15/2013	Changes include: Section 1.2 – Updated to include internet protocols. Section 4.1.2 – Added Transaction Process for all communication protocols. Section 4.3 – Updated section and added sub-sections for SOAP and MIME. Section 4.4 – Updated for SOAP and MIME. Section 7.7 – Updated example for percentage format. Section 7.9 and Table 30 – Replaced colon with pipe for HC|G0180 and HC|G0179. Section 8.3 – Removed text reference to AAA code 74 since it was removed from the table in a previous release. Section 8.5 – Added section for SOAP and MIME errors. Table 29 – Corrected DTP01 code value for the Lifetime Benefit Reserve EB Loop